



CONSORTIUM
FOR ADVANCED PRACTICE PROVIDERS

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Accreditation Policies and Procedures Manual January 2025

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("The Consortium")

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INTRODUCTION

1.0 Overview of the Policies and Procedures Manual

The Accreditation Commission of the Consortium for Advanced Practice Providers (“the Consortium”) is committed to providing a meaningful, transparent, national, voluntary, peer-driven, programmatic accreditation process for postgraduate nurse practitioner (NP) training programs, postgraduate physician assistant/associate (PA) training programs and joint nurse practitioner and physician assistant/associate training programs with the goal of fostering a programmatic self-study process that promotes best practices in adult education and clinical training, innovation, and quality clinical service. Toward that end, these policies and procedures are intended to be straightforward, “user friendly”, and facilitate an accreditation review process. The intent of the policies and procedures is three-fold:

1. *Describe the programmatic Self-Study (internal programmatic evaluation) that applicant program conducts to determine how it is meeting the accreditation standards and as a mechanism to foster programmatic quality assurance, excellence, and innovation;*
2. *Delineate a rigorous process for on-site verification of the program’s Self-Study findings and determine the program’s compliance with the Accreditation Standards;*
3. *Provide the Accreditation Commission with reliable and valid evidence that contributes to a solid foundation for decision-making.*
4. *The Accreditation Commission received Federal Recognition in January 2022 by the US Department of Education as an accrediting body. This recognition is for accreditation of Nurse Practitioner (NP) postgraduate training programs (residencies and fellowships) within the United States. In May 2024, the Accreditation Commission received Federal Recognition for its expansion of scope petition to include the accreditation of joint NP/Physician Associate/Assistant (PA) postgraduate training programs within the United States to its federal recognition status. The Accreditation Standards and Policies and Procedures Manual is intended to apply to NP only programs, PA only programs and joint NP/PA postgraduate programs.*

The Accreditation Commission, the accreditation arm of the Consortium, is responsible for all accrediting activities of the Consortium. The Accreditation Commission periodically reviews and updates the policies and procedures described in this manual and welcomes feedback.

1.1 Using the Policies and Procedures Manual

This Manual is intended as a guide for how the Accreditation Commission of the Consortium conducts its accreditation review activities. Any questions, comments or suggestions must be directed to the national office at: info@APPpostgradtraining.com.

All documents noted in the policies and procedures are available on the Consortium website: www.APPpostgradtraining.com. All accreditation application and review materials must be submitted electronically. Contact the Accreditation Commission with any questions at info@APPpostgradtraining.com. From the submission of the Notice of Intent to Apply through a final decision by the Accreditation Commission, the usual duration of the accreditation process is approximately one (1) year.

1.2 Accreditation Commission

1.2.1 Accreditation Commission—Overview

The Accreditation Commission is an autonomous division within the Consortium, a private, nonprofit 501(c) (3) charitable organization that was created to advance the model and rigor of postgraduate NP training programs, both residency and fellowship. The Consortium was incorporated in 2015. The Accreditation Commission serves as the accrediting body for the Consortium with independent oversight for all accreditation activities. The Commission's role and responsibility is to provide accreditation to eligible programs that meet the accreditation standards. The Accreditation Commission informs the Consortium's Board of Directors of its actions. For more information, please visit our website: www.APPpostgradtraining.com.

The Accreditation Commission is committed to the following operational standards. In conducting its accreditation activities, all persons and entities associated with the Accreditation Commission will strive to:

- (a) *advance postgraduate training program quality;*
- (b) *demonstrate accountability;*
- (c) *encourage, where appropriate, self-scrutiny and planning for change and for needed improvement;*
- (d) *employ appropriate and fair procedures in decision making;*
- (e) *demonstrate ongoing review of accreditation practices.*

When conducting accreditation activities, representatives of the Accreditation Commission, including site visitors, shall:

- (a) *remain impartial and objective;*
- (b) *comply with the Consortium's conflict of interest policy;*
- (c) *maintain high standards of personal integrity; and*
- (d) *maintain the confidentiality of information pertaining to the accreditation process.*

The Accreditation Commission provides programmatic accreditation to postgraduate nurse practitioner (NP) training programs, postgraduate physician assistant/associate (PA) training programs and joint NP/PA training programs within the United States that demonstrate eligibility for and compliance with the Accreditation Commission standards. The Accreditation Commission collaborates with other stakeholders to

establish, maintain and promote postgraduate training standards that meet the minimum requirements outlined in the Accreditation Commission Accreditation Standards (the “Standards”.)

Postgraduate is defined as following the completion of a masters of science degree in nursing (MSN) or post doctor of nursing practice degree (DNP); or a masters degree in physician assistant studies, health science, or related graduate degree program. *Postgraduate training program* is defined as a training program that provides a minimum of one year (12 months) of full time, structured, intensive clinical education. The training program must be provided in the service delivery setting that supports the acquisition of skills, knowledge and experience in clinical practice at the advanced level as a NP or PA in primary care or specialty areas. While the majority of training occurs with sites affiliated with the sponsoring organizations, various education and training activities, such as specialty rotations, may be off site. The use of distance learning and simulations for procedure learning is well established within clinical education and training and may be part of postgraduate NP/PA residency and fellowship training programs. However, the distance-learning component must be less than 50% of the curriculum.

1.2.2 Organizational Structure and Governance

The organizational structure and governance of the Accreditation Commission is described fully in the Accreditation Commission Rules of Governance and Integrity of Accreditation Activities. The purpose of the “Rules” is to assure the Commission’s autonomy and integrity of decision-making, while working within the corporate structure of the Consortium. The Accreditation Commission Rules of Governance and Integrity of Accreditation Activities is found in Appendix B and the link below.

<https://www.appostgradtraining.com/accreditation/policies-procedures/>

1.2.3 Decision-Making Integrity

The Accreditation Commission Rules of Governance and Decision-Making Integrity provide processes to assure integrity, consistency and independence of decision-making including the conflict of interest policy and procedures.

The discussions and data collection, which contribute to the Accreditation Commission’s decision-making process will be considered confidential information and will be governed by the Accreditation Commission’s confidentiality policies and procedures. All official correspondence between a program and the Commission regarding accreditation review is saved on a secure, cloud-based platform that has rigorous privacy policies and procedures, including carefully managed permissions for access. The Consortium uses an enterprise level Box.com account for its cloud content management and file sharing of accreditation activities. The information saved to the secure, web-based Consortium Box account includes but is not limited to: submitted Notice of Intent to Apply and Application forms, Self-Study Reports, Site Visit Reports, Resolutions for

Accreditation Action, official letters of notification of accreditation action, and Annual and Interim Reports.

All final accreditation decisions, including Adverse Actions, will be listed on the public recognition portion of the Consortium website. If the candidate program decides to withdraw from the accreditation process as a result of a decision by the Commission, the action will be listed on the public recognition site as “Voluntary Withdrawal of Accreditation.”

1.3 Scope of Accreditation

The Consortium’s Accreditation Commission accredits NP and PA postgraduate training programs and joint NP/PA postgraduate training programs within the United States that are at least 12 months in length, meet the accreditation eligibility requirements and are compliant with the accreditation standards.

Programs that have not been accredited by the Consortium in the immediately preceding time period may apply for Initial Accreditation. Programs that have completed a term of Initial Accreditation and demonstrated continued compliance with the accreditation standards may apply for Renewal of Accreditation.

1.3.1 Accreditation Process—Overview

The accreditation process is a voluntary, peer review process that is initiated only at the request of a program. The Accreditation Commission conducts a comprehensive review of the candidate program that is anchored in the Standards. The foundation for the accreditation decision is the Accreditation Commission’s review of relevant findings, such as the information provided by the candidate program (Application, Self-Study Report, and third party comments), the report of the on-site visitors, and any additional requested, relevant, or otherwise submitted information. Compliance with the Accreditation Standards will be the determining factor in the Accreditation Commission’s action. Programs that have been successful in their review are granted accreditation status by the Accreditation Commission.

A detailed timeline for the accreditation process is available on the CONSORTIUM website: <https://www.nppostgradtraining.com/Accreditation/Timeline-and-process>. Applications for accreditation must be submitted electronically through the Consortium’s website: <https://www.nppostgradtraining.com/Apply>. It generally takes 8 to 12 months to complete the accreditation review process, beginning with the application and finishing with the Accreditation Commission action.

1.3.2 Accreditation Commission—Oversight for Accreditation Process

As previously discussed in 1.3.1, the Consortium’s Board of Directors has delegated to its Accreditation Commission (an autonomous division and decision-making body of the Consortium) the responsibility for developing, monitoring, and maintaining the accreditation standards, and for adoption or amendment of such standards. In addition,

the Accreditation Commission shall review and investigate all applications for accreditation and shall make all accreditation decisions, informing the Consortium's Board of Directors in a timely manner of the granting, denial, or revocation of such accreditations. The Accreditation Commission is responsible for assuring the public that accreditation actions follow fair procedures and comply with the Standards. The Accreditation Commission has final decision-making authority for all accreditation actions.

1.3.2.1 Review of Standards: *The Accreditation Commission will periodically conduct a comprehensive and systematic review of the Accreditation Standards to assure that the Standards are adequate, relevant and meaningful indicators of quality for postgraduate NP, PA and NP/PA training programs and their trainees. The review process will occur at a minimum of every five years. The review process will include, but not be limited to, the following components:*

- *Overall review of the Standards in their entirety for relevance, adequacy, and meaningfulness;*
- *Content review of each Standard for relevance, adequacy, and meaningfulness;*
- *Identification of areas warranting further review and/or revision.*
- *Commentary will be gathered from relevant constituencies and the public.*

After considering the feedback from its constituencies and its own internal review, the Accreditation Commission may decide that revisions are in order. If the Commission finds that minor revisions are required, efforts will be made to inform all relevant constituencies of the changes prior to their going into effect. If the Commission finds that major revisions to the Standards are in order, any revisions will be posted on the Consortium website for a reasonable amount of time, and will be circulated to relevant constituencies for further commentary prior to any act to finalize the revisions. In adopting any revisions to the Standards, the Accreditation Commission will follow its usual process of decision-making: exercising due diligence, thoughtful analysis and debate and formally voting on a resolution for change.

If it is deemed that major revisions are required, the Commission will initiate the revision process within 12 months of concluding the review of standards, with a final document disseminated to all relevant internal and external constituencies within the following 12 months. Before finalizing any changes to its standards, the Commission will:

- (1) *Provide notice to all relevant constituencies, and other parties who have made their interest known to the Commission, of the proposed changes;*
- (2) *Give the constituencies and other interested parties 30 days to comment on the proposed changes;*
- (3) *Encourage commentary from interested parties; and*
- (4) *Take into account any comments on the proposed changes that are submitted in a*

timely manner by the relevant constituencies and by other interested parties.

1.4 Accreditation Actions

1.4.1 Overview

Accreditation Commission confers the following six (6) statuses of public recognition as they apply to the Standards and these policies:

- *Initial Accreditation*
- *Renewal of Accreditation*
- *Voluntary Withdrawal from Accreditation*
- *Denial of Accreditation*
- *Rescinding of Accreditation*
- *Deferral of Accreditation*

Programs that have not been accredited by the Consortium in the immediately preceding 12 months may apply for Initial Accreditation.

1.4.2 Initial Accreditation

Initial Accreditation is awarded to programs that are in full compliance with the Standards and without Consortium accreditation in the immediately preceding time period. Programs wishing to receive Initial Accreditation must submit a notice of Intent to Apply and an Application, pay the one-time \$1,000, non-refundable accreditation *application fee* with submission of the Application, and pay the \$10,000 nonrefundable *accreditation review fee* prior to the site visit. The maximum term of Initial Accreditation status is three (3) years, from the date on which the Accreditation Commission makes the accreditation decision. For programs of the U.S. Department of Veteran Affairs the initial application fee is reduced to \$500.

Programs with Initial Accreditation status may post the Consortium's Seal of Accreditation on their website and other official documents during the time period covered by active accreditation status. Programs with Initial Accreditation status are eligible to apply for Renewal of Accreditation during the second year of their 3-year term, anticipating an accreditation decision near the end of their third year, which makes possible the likelihood of continuous accreditation.

The Initial Accreditation process includes:

- *Submission of the Notice of Intent to Apply;*
- *Application for Initial Accreditation and payment of application fee;*
- *Submission of a self-study report with appropriate documentation and payment of the accreditation and review fees;*
- *Validation of the self-study through an on-site visit;*
- *Submission of any other documentation required by the Accreditation Commission;*
- *Accreditation Commission review of the findings and evidence regarding compliance*

with the Standards;

- *Accreditation Commission decision.*

For programs in their first year of operation, the timing of the site visit and the program's ability to have completed all the required activities will impact the Commission's decision about accreditation status. If the site visit occurs prior to the end of the first training year, by definition, the program will not have been able to complete the required end of the year activities. In that case, the Commission has the option to, but it is not required to, defer a decision for a specific period of time to allow the program to complete and submit the end of year activities and documentation.

During the term of Initial Accreditation, the Accreditation Commission may vote to schedule an additional site visit if it is deemed necessary based on findings of the Accreditation Commission review or based on information reported in an annual report, interim report or substantive change notification. When requested, the candidate program must submit a progress report that specifies the areas of deficiency previously identified in a formal communication from the Accreditation Commission; the plan to remediate the deficiency; and the date of expected accomplishment of the remediation. Other types of follow up may also be required including, but not limited to, progress reports, an abbreviated accreditation review or a visit by an Accreditation Commission representative.

If the program submits an acceptable progress report (for example, a targeted self-study document) prior to the termination of the accreditation date, the accreditation status will continue until the first meeting of the Accreditation Commission meeting at which the recommendation for Action can be reviewed or made. Programs that have one or more outcomes below threshold, as determined by the Accreditation Commission's review of relevant findings, such as their Annual Reports or Interim Reports, may be subject to Rescinding of Accreditation and restrictions in their authorization to use the Consortium's Seal of Accreditation.

1.4.3 Renewal of Accreditation

Renewal of Accreditation may be awarded to programs that have completed an Initial Accreditation term or to programs that are completing a Renewal of Accreditation term, and are in full compliance with the accreditation standards. Programs are encouraged to apply early in the final year of their terms, to increase the likelihood of continuous accreditation status. Renewal of Accreditation is awarded to programs that have demonstrated full compliance with the Accreditation Standards. The maximum term of Renewal of Accreditation status is five (5) years.

Programs applying for renewal of accreditation must pay the non-refundable, one-time *application fee* of \$1,000 at the time that the application is submitted. In addition, the nonrefundable *accreditation review fee* of \$4,500 must be paid prior to the site visit.

For sponsoring organizations with multiple program tracks, a nonrefundable *accreditation review fee* of \$3,500 must be paid for the second program track and \$2,500 for the third program track prior to the site visit and a nonrefundable *accreditation review fee* of \$1,000 for each additional track. Each program must submit an application and pay the *\$1,000 application fee*.

Programs which have been granted Renewal of Accreditation must pay an annual fee of \$3,500 for the “first position” track, due on the anniversary of the award date and each following year of the accreditation term (i.e.: \$3,500 due on the anniversary date in years 2 through 5). For sponsoring organizations with multiple program tracks, an annual fee of \$2,500 must be paid for the second program track and an annual fee of \$1,000 for each additional track.

Programs that are granted Renewal of Accreditation may post the Consortium Seal of Accreditation on their website and other official documents during the time period covered by active accreditation status.

The Renewal of Accreditation review process includes:

- *Submission of the Notice of Intent to Apply and the Application for Renewal of Accreditation;*
- *Payment of the non-refundable application and accreditation fees*
- *Submission of the Self-Study Report with appropriate documentation;*
- *Validation of the self-study through an on-site visit;*
- *Submission of any other documentation required by the Accreditation Commission;*
- *Accreditation Commission considers the findings and evidence regarding compliance with the Standards;*
- *Accreditation Commission decision;*
- *Informing the program and the public.*

During the term of Renewal of Accreditation, the Accreditation Commission may vote to schedule an additional site visit if it is deemed necessary based on the Accreditation Commission’s findings or based on information reported subsequently, for example in an annual report, interim report or substantive change notification. When requested, the program must submit a progress report that specifies the areas of deficiency previously identified in a formal communication from the Accreditation Commission; the plan to remediate the deficiency; and the date of expected accomplishment of the remediation. If the program submits an acceptable progress report (for example, a targeted self-study document) prior to the date of termination of accreditation, the accreditation status will continue until the first meeting of the Accreditation Commission meeting at which the recommendation for Action can be reviewed or made. Programs that persistently have one or more outcomes below threshold, as determined by the Accreditation Commission’s review of relevant findings, such as their

Annual Reports or Interim Reports, may be subject to additional site visits with associated assessment of cost to cover the site visit, rescinding of Accreditation, and restrictions in their authorization to use the Consortium's Seal of Accreditation.

1.4.4 Voluntary Withdrawal of Accreditation

Programs may notify the Consortium of their intention to seek voluntary withdrawal at any time. For programs that receive a voluntary withdrawal status, trainees who completed the program during the training year that the withdrawal occurs will be considered to have trained at a program accredited by the Consortium.

1.4.5 Denial of Accreditation

A program that is applying for Initial Accreditation or a previously accredited program that is applying for Renewal may have its application denied if it fails to demonstrate full compliance with Accreditation Standards. A program that has been denied may reapply at any time without prejudice, but must demonstrate full compliance in order for accreditation to be granted. If the program had been previously accredited, current trainees in good standing, who complete the program will be considered to have completed a program accredited by the Consortium, even if the accreditation was terminated prior to their graduation.

However, during the period of time between the Denial of Accreditation and a subsequent Accreditation Commission action, the program may not use the Consortium Seal of Accreditation, nor make reference to being accredited by the Consortium.

1.4.6 Rescinding Accreditation

The Accreditation Commission may rescind the accreditation of any program found to be in continued noncompliance with the Accreditation Standards. Accreditation will be rescinded if a program does not meet the standards for continued accreditation, or does not permit a reevaluation after proper notice by the Accreditation Commission. Rescission also applies when a sponsoring organization dis-establishes or closes an accredited or candidate program.

At the Commission's discretion, and with acceptable evidence submitted by the program that it has resolved the circumstances that resulted in the adverse action and can document that they now meet the accreditation standards, such programs may apply for Initial Accreditation at any time without prejudice. However, during the period of time between the Rescinding of Accreditation and a subsequent Accreditation Commission action, the program may not use the Consortium's seal of Accreditation, nor make reference to being accredited.

1.4.7 Deferral of Accreditation

In rare circumstances, the Accreditation Commission may require further information to

be able to make an appropriate decision on Initial or Renewal of Accreditation. The Accreditation Commission will define a specific time limit for deferral, and the candidate program will maintain its existing status until the time of the Accreditation Commission's next decision regarding the program.

The length of the deferral time will be at the discretion of the Commission and in no case will the deferral last for more than 18 months. Programs will be directed to provide evidence of compliance by a date determined by the Commission. For programs seeking renewal, their accreditation status will remain active during the deferral period. During this time, the program must be in compliance with the accreditation standards and continue to pay any annual fees. The Accreditation Commission will review the updated program report, reconsider, and render a decision during their regularly scheduled Commission meeting. Failure to be in full compliance within the specified time frame will result in Rescinding or Denial of Accreditation. Accreditation can be awarded if the program is in full compliance with the Accreditation Standards.

1.5 Public Listing of Accreditation Actions

Accreditation actions are required by the U.S. Department of Education (ED) to be made public are listed on the Consortium's website. Programs that are accredited are encouraged to display the Consortium's Seal of Accreditation when referencing their NP, PA and/or joint NP/PA postgraduate training programs during the times when the accreditation award is active. See Appendix C for Publicity Policy.

1.5.1 Ensuring Accuracy of Public Information Published or Released by Consortium

It is the intention that any information published or released to the public by the Consortium about its accreditation activities and actions will be accurate and forthright. Official information released to the public, for example a posting on the website or a news release, will be reviewed by at least two Consortium staff prior to posting for appropriateness and accuracy of content. The website will be reviewed at periodically, at least annually, to ensure accuracy and timeliness of information.

However, inadvertent errors or unintended release of accreditation information or actions may occur. Every effort will be made to prevent such occurrences. Should errors be discovered, they will be corrected as soon as possible, at a minimum, within two business days.

2.0 THE ACCREDITATION PROCESS

2.1 Introduction: Background – Accreditation Process

An overview of the accreditation process is provided in Section 2.1, a detailed timeline with action steps of the accreditation process is provided, in Section 2.2, program eligibility requirements will be described, in Section 2.3 the good faith requirement is described, in Section 2.4, the requirement for a certificate of completion is described, in Section 2.5, the fee structure is defined in Section 2.6, review of applications in Section 2.7. The Self-Study Process is described in detail in Section 3.0. The Site Visit is described in Section 4.0. The Accreditation Commission's six (6) possible accreditation actions is defined in Section 5.0. The accreditation decision-making process is defined in Section 5.0. The Interim Report and Annual Report are described in Section 6.0. The Substantive Change policy is described in Section 7.0. The Appeals Policy is described in Section 8.0. The Complaints policy is described in Section 9.0.

The Accreditation Commission of the Consortium offers programmatic accreditation that is intended to promote best practices in all aspects of the accreditation process, including: Application, Self-Study, Site Visit, and the Accreditation Commission's review and decision-making. The goal is to create a voluntary, peer review process that allows the candidate program to focus on conducting a meaningful Self-Study and Self-Study Report, the results of which will contribute to continuing programmatic activities that are anchored in their mission and vision. On the part of the candidate program, it is expected that the program will make every effort to be accurate and comprehensive in their Self-Study process, with a goal of better understanding the program's current strengths and weaknesses, opportunities and threats, as well as developing next steps to ensure continued excellence.

2.2 Accreditation Review Process

This section provides a general overview of the accreditation process. The topics covered are the timeline, program eligibility, certificate of completion and fees. For detailed explanations of the accreditation process see Section 3.0, where each step is described in detail. This includes additional information on program eligibility, the application, the program Self-Study report, the on-site peer review visit, the Accreditation Commission review and decision-making process, Notification of Action and the appeal process.

Timeline and Action Steps: The Accreditation Commission Accreditation Process consists of 11 major steps summarized below. From start to finish, the accreditation process takes approximately 8-12 months.

1. *Applicant submits a Notice of Intent to Apply (opens communication between the applicant and the Accreditation Commission.)*
2. *Applicant program submits an Application with non-refundable \$1,000 application*

fee for NP, PA, and/or Joint NP/PA postgraduate programs and a non-refundable \$500 application fee for the U.S. Department of Veteran Affairs postgraduate NP, PA, and/or Joint NP/PA programs.

- 3. Applicant program conducts and submits Self-Study Report (approximately 6 months of submitting Application.)*
- 4. The Accreditation Commission Chair, along with the Executive Director, reviews and accepts the Self-Study Report as complete and schedules an on-site visit to the program by accreditation site visitors. Any remaining balance must be paid prior to site visit.*
- 5. Site Visit Occurs: 1.5-day on-site visit is conducted by at least two site visitors assigned by the Accreditation Commission: one whose primary role is as an educator and another whose primary role is as a practitioner.*
- 6. At the conclusion of the on-site visit, a written report is submitted by the site visitor team to the Consortium. It is then forwarded to the applicant program for review and correction of any factual errors. At that time, the program may also respond with additional commentary and documentation addressing issues that the program leadership believes merit consideration.*
- 7. Accreditation Decision: All the available and relevant evidence regarding the program's compliance with the accreditation standards is compiled by Accreditation Commission site visitor team and forwarded to the Accreditation Commission. The Commission convenes, considers the findings of the site visitor team's report, the program's commentary and any documentation in their entirety and requests further information as needed. Once all information has been received, the Accreditation Commission, at a duly convened meeting, votes to approve the decision of the accreditation commission.*
- 8. Applicant program is informed via a formal letter of the Commission's decision to confer accreditation status or explanation of why accreditation will not be granted.*
- 9. The Accreditation Commission informs the Consortium's Board of Directors of the action and then posts the action on Consortium's website.*
- 10. If an adverse action is rendered by the Accreditation Commission, the program has the option of appealing the decision. The Appeal process is described in detail in Section 8.0.*
- 11. Monitoring of the Program will occur through annual and interim reporting, with additional follow-up at the discretion of the Accreditation Commission. Each accredited program must submit an Annual Report to the Accreditation Commission by October 31 of each year. Each program must also submit an Interim Report mid-term of the accreditation period.*

Initial accreditation is for a period of up to three (3) years. Renewal Accreditation is for a period of up to five (5) years, but may be for a shorter period of time at the discretion of the Accreditation Commission. Programs that are denied Initial Accreditation or

Renewal Accreditation may appeal the Action. The Appeals process is described in “Appeals of Adverse Action” Section 8.0. When the Accreditation Commission withdraws or terminates accreditation, the program is notified of the decision by letter and the letter specifies the effective date of termination along with the date by which a notice of intent to appeal must be received.

Accreditation Process Map: Visual representations of the complete accreditation process for Initial and Renewal of Accreditation are provided in the links below.

For Initial Accreditation:

<https://www.appostgradtraining.com/accreditation/institutional-commitment-resources/>

For Renewal of Accreditation:

<https://www.appostgradtraining.com/accreditation/institutional-commitment-resources/>

2.3 Good Faith Requirement

The Accreditation Commission requires that programs participating in accreditation engage in the process in good faith, that is: providing accurate, complete and truthful information throughout the accreditation process and in follow up annual assessments. Demonstrations of lack of good faith may be grounds for an Accreditation Commission decision to withhold, deny or revoke accreditation. Situations that suggest concerns about good faith will be brought to the attention of the Chair of the Accreditation Commission. The Chair will bring the issue to the Commission for consideration and a decision about next steps, if any.

2.4 Program Eligibility

The scope of accreditation includes postgraduate Nurse Practitioner (NP), postgraduate Physician Assistant (PA) and/or postgraduate joint NP/PA training programs, located within the United States. These programs must provide a minimum of 12 consecutive months of full-time structured, intensive education and training in the service delivery setting. The program must provide the scope, focus, and resources to provide training in both broad and specific clinical, interprofessional, and leadership competencies that are fundamental to safe, quality practice. Further, the training must support the transition from academic preparation to clinical practice at the advanced level as a nurse practitioner or physician’s assistant in primary care or specialty areas. The trainees are paid staff in the service delivery sponsoring organization.

The Application for Accreditation for Postgraduate NP, PA and/or joint NP/PA training programs must be completed by the primary sponsoring organization. Postgraduate NP, PA and/or joint NP/PA training programs must meet the following basic criteria in order to be eligible for consideration of accreditation.

2.4.1. The Programs' Settings

The practice-based sponsoring organization must be located within the US and operate Postgraduate NP, PA and/or joint NP/PA training programs in settings that may include but are not limited to:

- *Federally qualified health centers (FQHCs) and FQHC look-alike organizations*
- *Nurse managed health centers*
- *Indian Health Service*
- *U.S. Department of Veteran Affairs*
- *Integrated Health Systems*
- *Private clinic systems and practices*
- *Academic health centers/medical centers, both public and private*
- *Hospitals*

2.4.2 The Sponsoring Organization's Credentials

The sponsoring organization must hold and maintain a current accreditation and/or certification by an entity that recognizes quality and safety of care or provide evidence that the organization demonstrates quality and safety of care, or provide evidence that the organization demonstrates quality and safety of care. Examples include but are not limited to the following:

- *A nationally recognized regional or specialized/professional accrediting agency that accredits the sponsoring organization of higher education that offers the postgraduate training program;*
- *Accreditation Association for Ambulatory Health Care (AAAHC);*
- *The Joint Commission, with specific accreditation under the Standard applicable to the practice site of the postgraduate residency training program.*

2.4.3 Trainee Cohort Policy

The trainee participants in the postgraduate NP, PA, and/or NP/PA programs must be: an individual who earned either a Master of Science in Nursing or Doctor of Nursing Practice degree from an accredited program; or a graduate of an accredited Physician Assistant graduate degree program who has earned either a masters degree in physician assistant studies, health science, or Doctor of Physician Assistant Studies or Doctor of Medical Science degree from an accredited program.

- *The NP trainees must be Board certified in the area relevant for the training program such as family, adult, psychiatry/mental health or acute care.*
- *The trainee must be licensed or license eligible as an advanced practice nurse (APRN or ARNP) or physician assistant in the state in which the program is located by a date determined by the program in accordance with the planned program curriculum.*

The trainee is responsible for all applicable clinical, educational, administrative and professional activities as a paid, full-time staff member in the practice. U.S. Department of Veteran Affairs sponsored programs must comply with pertinent federal regulations regarding trainees.

2.5 Certificate of Completion

The training program must provide a Certificate of Completion to each trainee upon successful completion of the program's requirements.

2.6 Fees – Application Fee and Accreditation Review Fee

There are two fees for the accreditation process: an application fee and an accreditation review fee.

2.6.1 The Application Fee

The application fee for all accreditation applications (Initial Accreditation and Renewal of Accreditation) is non-refundable. The application fee is \$1,000.00 and due with the application form. For program of the U.S. Department of Veteran Affairs the fee is reduced to \$500. The application fee covers setting up an Accreditation Commission accreditation file and technical assistance.

2.6.2 The Accreditation Review Fee

The accreditation review fees are non-refundable. For one sponsoring organization with one program track, the accreditation review fee for Initial Accreditation is \$11,000, due prior to the site visit. The accreditation review fee for Renewal of Accreditation is \$4,500, due prior to the site visit. The accreditation review fee is \$10,000 for U.S. Department of Veteran Affairs postgraduate NP programs and is due prior to the site visit. The accreditation fee covers technical assistance and the usual costs of site visitor expenses.

2.6.2.1 Additional Accreditation Review Fees for Single Sponsoring Organization with Multiple 'Home' Training Sites: *One sponsoring organization with a single program may have one or more practice sites as part of the training program that are within close geographic proximity and not incur any additional review visit fees. However, if the additional or external practice sites are more than one (1) hour's drive away, additional expenses may be assessed, based upon the need for additional site visitors, travel and lodging, and in accordance with federal guidelines when available.*

2.6.2.2 Additional Accreditation Review Fees for Multiple Program Tracks: *A sponsoring organization may have and seek accreditation for more than one program track.*

For Initial Accreditation, the sponsoring organization decides which program track is in the “first position”. The first position program track incurs the combined application and accreditation review fee of \$11,000 fee. (Except The U.S. Department of Veterans Affairs which is a combined fee of \$9,500). The second program track incurs a \$6,500 accreditation review fee and each additional track after that incurs a \$2,500 accreditation review fee per track. Additional expenses may be assessed, based upon the need for additional site visitors, additional time, travel and lodging, and in accordance with federal guidelines when available.

For Renewal of Accreditation, the sponsoring organization decides which program track is in the “first position”. The first position program track incurs a \$4,500 accreditation review fee. The second program track incurs a \$2,500 accreditation review fee and each additional track after that incurs a \$1,000 accreditation review fee per track. Additional expenses may be assessed, based upon the need for additional site visitors, additional time, travel and lodging, and in accordance with federal guidelines when available.

2.6.3 The Annual Fee for Renewal of Accreditation

Programs which have been granted Renewal of Accreditation must pay an annual fee of \$3,500 for the “first position” track, due on the anniversary of the award date and each following year of the accreditation term (i.e.: \$3,500 due on the anniversary date in years 2 through 5). For sponsoring organizations with multiple program tracks, an annual fee of \$2,500 must be paid for the second program track and an annual fee of \$1,000 for each additional track in years 2 through 5.

2.7 Review of Applications

2.7.1 Receipt of Application

Within one week of receiving the program’s Notice of Intent to Apply (NIA), Accreditation Commission staff will open a program-specific accreditation file and notify the Accreditation Commission of receipt. Notice of receipt of the NIA will be sent electronically to the program.

The Accreditation Commission will establish a due date one month from the date of receiving the NIA for the receipt of the completed application (NOT submission of required documents for accreditation) and the application fee. The Accreditation Commission will also offer an opportunity for a video conference call with the program to answer any questions about the accreditation process during the 30-day period.

2.7.2 Completed Application

Once the Consortium staff determines that the Application is complete, the program is notified, and the application is forwarded to the Accreditation Commission. The Consortium’s staff will schedule an informational call with the program within 30 business days of receipt of application to discuss the self-study process.

One sponsoring organization may have multiple program tracks. The sponsoring organization is only required to complete one application since the application form includes sections for multiple program tracks. However, the sponsoring organization must complete a separate Self-Study Report for each program track. Each program track is evaluated separately by the Accreditation Commission and separate accreditation decisions are made by the Accreditation Commission for each program track.

2.7.3 Incomplete Application

If the application and application fee are not received by the established date, the Accreditation Commission will notify the program that the Notice of Intent to Apply will be considered inactive and no further action will be taken. Programs may notify the Accreditation Commission at any time that they plan to resubmit their Notice of Intent to Apply.

3.0 SELF-STUDY

An important goal of the Self-Study review process is to foster continuous improvement in the program through the program's systematic self-evaluation, identification of strengths and weaknesses, on-going critical development and refinement of the curriculum, and innovative program enhancements. The self-study is expected to reflect accurately both the unique aspects of the candidate program's education and training model as well as the appropriateness of the model to the goals of postgraduate training in ways that meet the current and emerging health care needs of society. For a sponsoring organization with multiple program tracks, each program track must complete a separate Self-Study Report.

The Self-Study Report provides the Accreditation Commission and assigned site visitors an opportunity to assess the degree to which each program's model and outcomes are consistent with the requirements of accreditation and comply with the Accreditation Standards.

3.1 Unique Self-Study

Each program is unique, and yet conforms to an emerging model of postgraduate training for NPs and PAs. Therefore, each Self-Study Report will be unique but have consistent reporting requirements. The Self-Study Guide provides specific details on both the requirements and suggested processes for the Self-Study Report.

The five (5) reporting requirements are:

1. *The transmittal pages provided in the Self-Study Guide must be signed by the appropriate individuals.*
2. *Each of the eight (8) standards must be addressed.*
3. *The four (4) tables provided in the Self-Study Guide must be completed (Tables 1-3 describing trainee characteristics and Table 4 describing faculty characteristics and abbreviated CV's.)*
4. *The three (3) Appendices provided in the Self-Study Guide must be completed (Appendix A describing policies, Appendix B describing program goals, and Appendix C describing program curriculum elements.)*
5. *There must be documentation of trainee completion rates of the 12-month training program.*

3.2 Public Commentary

The public commentary component of the accreditation self-study process is intended to provide the candidate program with an opportunity to create and/or continue a conversation with stakeholders, the public and professional groups who are relevant to the program regarding the program.

3.2.1 Incorporating Public Commentary in Self-Study

The process for soliciting and obtaining public commentary must be described in the self-study document and verifiable by an on-site evaluation team. When incorporating the public commentary into the Self-Study Report, the program must include a document that provides an overview of the public commentary process, compiles input, analyzes and evaluates the data then integrates the findings of the public commentary into the Self-Study's quality assurance initiatives.

3.2.2 Notifying Public of Impending Accreditation Review

As soon as possible before the scheduled site visit, the candidate program must notify its major constituents that an accreditation review is scheduled. The program must invite major stakeholders to participate in the Self-Study. The form of the participation is at the discretion of the program. Notification methods might include the following: a notice posted in a visible location, an announcement in a regular newsletter for constituents, a notice published on the website or email Listserv.

Methods of public commentary might include: submitting electronic comments to Accreditation Commission (such notice must include the name and email address of Accreditation Commission); public ratings of satisfaction; articles in the press or social media regarding the program; focus group results, etc. The Accreditation Commission provides a public commentary page on its website that is activated for every program during its accreditation review period.

4.0 SITE VISIT

The site visit policy provides programs with the opportunity to demonstrate their compliance with established standards and to validate the quality of the program to site visitors who represent the Accreditation Commission. Upon receipt of the program's application for accreditation, the Consortium staff contacts the Program Director to identify potential 1.5 day periods for the site visit approximately eight (8) months in the future. The Accreditation Commission Chair, along with the Executive Director, will begin the process of selecting site visitors.

Conflict of Interest procedures are followed for each site visitor and the program is given the opportunity to request that the assignment of a site visitor be reconsidered.

The burden of submitting proof of compliance with all accreditation standards rests solely with the program. Once the program indicates that the final Self-Study Report has been submitted, representatives from the Accreditation Commission and the assigned site visitors review the Self-Study.

A series of conference calls between the site visitors are coordinated by Consortium staff to identify the need for any further information or clarification by the program. Consortium staff will inform the program of any major areas of concern that the Program needs to address prior to the site visit. Consortium staff coordinate the development of the site visit agenda in a collaborative process with the Program and the site visitor team.

The Accreditation Commission establishes policy for coverage of site visitors' expenses including transportation, accommodation, and meals. The Accreditation Commission determines an appropriate honorarium for site visitors. The Program Director is responsible for local arrangements of meeting space, invitations to attendees, and travel between sites

4.1 Site Visit Team Composition and Activities

4.1.1 Selection and Assignment of Site Visitors

The site visit team composition is determined in consultation between staff and members of the Accreditation Commission; however, every team has at least one educator and one practitioner. The Accreditation Commission Chair appoints the team members. Team members need not be members of the Accreditation Commission. All team members must complete site visit team training that is provided by, or endorsed by, the Accreditation Commission.

The Consortium staff are responsible for inviting and confirming the team members' participation and informing them about the dates of the visit, the length of time for which their participation will be required, their responsibilities during and after the visit, reimbursement of expenses and Accreditation Commission's policy regarding conflicts of interest. Throughout this process, the Consortium staff will serve as the point of contact between the site visitors and the program, as well as maintain frequent contact with the program to answer any questions.

Programs are advised of the proposed team composition and provided an opportunity to identify any conflicts of interest. If a conflict of interest exists, the Accreditation Commission will seek a replacement for that team member. A list of the final team with each visitor's name, address and professional affiliation is sent to the program prior to the site visit.

4.1.2 Site Visitor Role

Each site visit team consists of at least two evaluators: an educator and a practitioner. While individual site visitors may be qualified for more than one role, during any specific site visit, each evaluator will be responsible for only one role. There may be observers on a site visit, including individuals who are completing their training as a site visitor.

In order to preserve as much objectivity as possible during the accreditation review period, the only contact that the site visitors have with the program is during the actual site visit. During the site visit, the site visitors will focus on verifying the findings described in the program's self-study and determine if the program is in compliance with the Accreditation Commission's Accreditation Standards.

4.1.3 Site Visitor Training

Individuals who wish to be considered as potential site visitors complete the application process by submitting three documents: a completed application form, a letter of reference, and a CV or resume and completing the site visitor training course. The applications are vetted by the Executive Director and Chair of the Accreditation Commission, and others at the discretion of the Accreditation Commission Chair.

All site visitors complete comprehensive training and participate in annual updates. The current training is a two-day, two-phased process. Phase 1 is a hybrid, web-based didactic component that provides an immersion into the Standards and simulated site visit experiences. The training combines individual study, simulations, teamwork, online work and live webinars. Phase 2 is an experiential immersion that consists of participation in a 1.5 day on site visit as an observer. Site visitors are asked to be available to serve in at least one site visit a year and to participate in annual updates.

4.1.4 Conducting the Site Visit

The purpose of the site visit is to collect data regarding the program's compliance with the accreditation standards. This occurs through various activities designed to provide the site visitors with opportunities to verify the findings provided in the Self-Study Report, to identify areas that need further attention in order to fully meet each element in a Standard, and to identify areas of programmatic strength.

The Consortium staff will coordinate the efforts of the program and the site visit team to create an agenda for the visit. The agenda is structured around the Accreditation Standards, thus helping to focus the interviews. Every agenda will be slightly different, depending on the nature of the candidate program and the nature of the issues identified in the self-study.

The Accreditation Commission has a standard template for the site visit agenda, which is modified to meet the unique characteristics of each program. Each meeting on the agenda includes the relevant accreditation standard(s), the requested attendees (name and title), and its location. The final session on the agenda is the closing meeting during which the lead site visitor presents a summary of the team's findings. At a minimum, the Program Director and/or Clinical lead must attend the exit interview, but the Accreditation Commission considers it appropriate for the program to invite other program representatives and organizational executive leadership.

The agenda is developed collaboratively with the program and the site visitor team during the same period of time that the program is conducting its self-study. In developing the draft agenda for the site visit, Consortium staff will host a series of conference calls with the program director and his/her program team as appropriate. The draft agenda will be designed in response to the site visitors' specific requests for sufficient opportunities to observe elements of the program, meet with stakeholders, and verify documentation. The final agenda approved by the site visitor team will accommodate to the degree possible the program's regular schedules and the availability of stakeholders. The agenda must be sufficiently flexible to accommodate unexpected opportunities or events during the site visit. Ample time must be scheduled for executive sessions, meetings with trainees and faculty observations of active clinical training and documentation review.

The site visit consists of 1.5 days of observation, interviews, meetings and document review. Day 1 is a full day of activity that opens with a general orientation to the accreditation process of the organizational and program leadership and any staff they wish to include, followed by observations, interviews, meetings and document review. Day 2 is a half-day that consists of continued data gathering, culminating in the closing session where the findings are presented to the organizational and programmatic

leadership. The site visitor team does not render any decisions on the accreditation action, nor suggest the likelihood of any decision.

The Consortium staff and senior members of the Accreditation Commission are available by phone throughout the visit to respond to any questions or issues that may arise.

4.1.5 Site Visit Report

Within two (2) weeks of the site visit, the lead site visitor compiles the findings of the site visit team and submits a draft report to the Consortium office. The Consortium staff forwards the draft to the program director for review of factual, objective accuracy. The corrections, if any, are returned to the Accreditation Commission for inclusion in final site visitor report. The program director also may submit additional documentation and/or comments to clarify or correct sections of the report where there is a disagreement with the site visitor team findings. Any such commentary will be added to the documentation (Notice of Intent, Application, Self-Study Report, Site Visit Report, Public Commentary, and any other relevant findings) as additional information but is not incorporated into the final report itself.

4.1.6 Site Visit Logistics

Visits to candidate programs require 1.5 to 2 days, with the duration of the visit longer if special circumstances dictate the need for more time to accomplish the work of the site visit team. The candidate program may require an extended visit based on size, sites, distance, or multiple programs. The Accreditation Commission may require a longer site visit or an increase in the number of site visitors to ensure a thorough review. Any deviation from the standard fees and schedules must be confirmed in advance of the site visit. Any costs incurred locally (room reservations, transportation to remote sites, etc.) are to be covered by the host program.

4.1.7 Program's Responsibilities

The program invites key program constituents to participate in the site visit. The site visit requires the participation of multiple stakeholders including: leadership, administrators, faculty/preceptors (including trainees, alumni, staff and other constituents with ties to the program). All team members must be prepared for discussion and should be willing and able to discuss their perspectives and experiences with the program.

The candidate program must reserve a convenient meeting room for use by the site visitors during their time on site. The room should provide privacy and access to internet and a printer.

Programs must have invited public commentary (third party reviews) of their program(s) prior to the site visit either through Accreditation Commission's website or under the auspices of the program. Documentation from these reviews must be made available for

the site visitors.

4.1.8 Other Preparation for the Site Visit

Accreditation Commission Chair sends written notice to the Chief Executive Officer of the sponsoring organization, copying the Clinical lead and/or the Program Director of the appropriate program about the scheduled site visit. The program must ensure that Accreditation Commission is regularly updated with these individuals' names and contact information as incumbents leave or new individuals are appointed.

Consortium staff provides site visitors with access to the full application folder via the secure, web-based Consortium Box account. Documentation includes: the Notice of Intent to Apply, the Application, the Accreditation Standards, a copy of the program's Self-Study Report and its last Accreditation Report (if any), the Annual Reports and most recent interim report (if any) of the program. Also included are copies of signed Conflict of Interest and the Site Visitor Protected Health Information Confidentiality Agreement, Site Visit Contact Sheet, Site Visit Agenda, template for questions, template for the Site Visit Report, and any other pertinent information deemed necessary by the Accreditation Commission.

4.1.9 Conducting the Visit

During a conference call with the site visit team, in advance of the site visit, the lead site visitor will establish the plan of action for the site visit. The lead will assign responsibilities for each standard, for validating certain sections of the self-study and for preparing specific portions of the site team report. During the site visit, the lead site visitor will evaluate progress of the team and may make additional or revised assignments. The lead site visitor may also consult with the Program Director to adjust the agenda and schedule as necessary.

The opening conference includes representatives of each constituency, such as sponsoring organization officials, program administrators, faculty, and trainees. Typically, the teams also meet separately with these constituent groups, as well as alumni and community stakeholders. Throughout the site visit, the team members will seek information to validate the self-study document and to explore issues identified by the team during their planning sessions. The site visit team will seek open and frank discussions that clarify and expand on information in the self-study and electronic resource file. They will review other materials requested on site to verify information in the self-study document and to assess the manner in which the candidate program interacts with and represents itself to its various constituents. They will seek to identify strengths and weaknesses of the program, based on their findings and observations, as guided by the standards.

Before completing the site visit, members of the team will provide the lead site visitor with their written comments specific to the program's compliance with the standards

which they were assigned. In confidential working sessions, the team will discuss their findings and observations and organize and prepare their comments for succinct presentation in a final closing session with administrators and other stakeholders as determined by the program.

4.1.10 Site Visit Reports

Within two weeks of the site visit, lead site visitor completes and submits the Site Visit Report to Consortium Staff. The report rates the level of compliance that the program demonstrates to each of the Accreditation Standards and their elements, provides a descriptive narrative, and summarizes the overall compliance of the program with the accreditation standards.

4.1.10.1 Compliance Ratings: *The Accreditation Commission uses the following standard terminology to describe compliance in the site visit reports:*

- 1. This standard (element) is met. The candidate program fully complies with or exceeds the expectations embodied in the standard or element.*
- 2. This standard (element) is not met. The candidate program fails to meet the standard or element in its entirety.*

4.1.10.2 Site Visit Report Content: *The written report documents each element of every Standard as met, partially met, not met, or not applicable. Each element must be met, partially met (or N/A) in order for the Standard to be met. The report is organized in three sections: 1) an executive summary; 2) a listing of each standard and its elements and whether the element was met, partially met, not met, or N/A; and 3) conclusions, which summarize the report, comment on any best practices and areas suggesting the need for further attention.*

4.1.10.3 Program Review of Site Visit Report: *The Consortium staff reviews the report, clarifies any questions with the lead site visitor, makes any edits as needed, and then forwards the draft report to the Program Director to review for factual accuracy. The candidate program has up to 20 business days to review this draft and provide a written response, including corrections or other requested edits. Objective factual corrections provided by the program will be made by the Consortium staff, thereby creating the Final Site Visit Report. In addition to supplying any needed factual corrections, the program may prepare a written response to the team's findings. These comments are provided as a separate document and included in the packet of information considered by the Accreditation Commission. If the program chooses to submit a supplemental response, they may note any disagreements with the findings and opinions of the team, or provide supplemental information that may be helpful to the Accreditation Commission's deliberations.*

4.1.10.4 Final Site Visit Report: *The final site visit report is sent, along with the written response of the candidate program, to the Chair of the Accreditation Commission and to members of the Accreditation Commission, no later than ten business days prior to the meeting at which the program is to be reviewed and potentially, an accreditation decision is to be made.*

4.2 Accreditation Commission Review of Site Visit Findings

4.2.1 Accreditation Action

Within two months of the site visit, the Accreditation Commission meets to review the documentation, recommends accreditation action, considers the resolution for accreditation action, and renders a decision.

4.2.2 Informing the Program

After the Accreditation Commission renders an accreditation decision, within 45 days the Executive Director, on behalf of the Chair of the Commission, sends a written letter to the leadership of the program's sponsoring organization. The letter includes the program's status with regard to compliance with the Accreditation Standards, the Accreditation Commission's accreditation action and the term of accreditation if relevant. The letter documents any accreditation standards that were not met, if any and the specific element(s).

Accredited programs also receive the accreditation certificate and the accreditation seal with instructions regarding how and where to display the seal of accreditation. The certificate of accreditation status and the Accreditation Commission Seal of Accreditation are issued within two weeks of the accreditation action and the notice of accreditation status is posted on the Consortium website.

Completion of the Accreditation Commission deliberation and decision on accreditation will take place no later than 90 calendar days from the completion of the site visit.

5.0 ACCREDITATION DECISION MAKING

Throughout the accreditation review, the goal of everyone representing the Accreditation Commission is to ensure, to the greatest degree possible, the consistent application of the Accreditation Standards. In this section, the specific accreditation activities undertaken by the Accreditation Commission in rendering an accreditation action will be described. This includes site visitor training, conducting a site visit, mechanisms to gather more information about a program's compliance with one or more standards; when additional clarity is needed or there are concerns about continued compliance with the accreditation standards; and managing conflict of interest so as to prevent real or apparent conflicts that may result in undue influence on decision-making by members of the Commission.

These activities include:

- *Process for reviewing the Site Visit Report;*
- *Protocol for rendering formal actions regarding accreditation;*
- *Possible accreditation actions, including a description of adverse actions;*
- *Terms (duration) of the action;*
- *Process for public notification;*
- *Process for conflict of interest*

5.1 Process for the Accreditation Commission to Review the Site Visit Report

Each report under consideration by the Accreditation Commission at a scheduled meeting is presented by one of the site visitors, usually the team leader. In special circumstances, the Accreditation Commission may request to meet with a representative of the candidate program, either by phone or in-person, during this meeting. In arriving at a recommendation for accreditation action, the Accreditation Commission will consider the self-study document, the team's written findings, the program's response to the site visit report and other written material that is available, including public commentary if any.

Following the presentation and subsequent discussion, the Accreditation Commission Chair will present a motion to recommend an accreditation action, including term and interim reporting requirements, as appropriate. Next, a member of the Accreditation Commission will call for a motion to approve a Resolution to accept the recommendation for action. The Commission will take action to accept or reject the Resolution.

Following approval of the Resolution, the Executive Director, on behalf of the Chair of the Commission, sends a detailed written report to the leadership of the program's sponsoring organization. The Program will be notified formally of the decision within 45

business days of decision. The letter includes the program's status with regard to compliance with the Accreditation Commission's Accreditation Standards, the accreditation action, the term of accreditation if relevant, areas needing improvement, and areas of excellence. Accredited programs also receive the accreditation certificate and the accreditation seal with instructions regarding how and where to display the seal. This letter is described in detail in Section 4.2.2.

5.2 Show Cause Process

When the Accreditation Commission has received information that gives it reason to believe that a program may no longer be in compliance with the Standards, the Show Cause Process may be activated. Show Cause is not an adverse action. As used by the Accreditation Commission, the Show Cause process is a formal mechanism used to alert a program to the Commission's concerns about the program's continued compliance with the accreditation standards, as a mechanism to gather the information needed to determine continued compliance with the standards and as a means of informing the program that the next step in the monitoring process is an adverse action (either rescinding accreditation or denial of accreditation) that is reportable to the public and to the U.S. Secretary of Education. Show Cause is a directive to the program that it must demonstrate that it is in fact in compliance with the standards or risk adverse action. The maximum duration of a Show Cause process is 18 months.

The Show Cause letter, sent to the program within 30 days of the Accreditation Commission's decision, will detail the specific areas of concern, the requirements that the program must meet, and a deadline for submitting documentation that the requirements are met. The letter will also be sent to the US Secretary of Education and relevant state agencies, if any. The Commission may elect to conduct a site visit. The site visit can range from a focused site visit to a requirement for a full review including a new Self-Study and a full site visit in advance of the next scheduled site visit.

When a program receives a Show Cause directive, the program has three options:

- 1) *Submit evidence within the specified time period that the program is in compliance.*
- 2) *Acknowledge that the program is not in compliance and provide a plan to remediate the areas of non-compliance. The Commission decides whether or not to accept the plan and next steps. If the Commission accepts the program's plan, the program must prove compliance with the Standards within the period specified by the Commission, not to exceed 18-months from the date of the Show Cause Order.*
- 3) *Opt for Voluntary Withdrawal.*

A Show Cause Order is not an Adverse Action. However, under the Department of Education's regulations, the issuance of a Show Cause Order must be made public and the U.S. Secretary of the Department of Education and relevant state agencies, if any, must be informed. Since the Show Cause Order is not considered to be an "Adverse Action", it is not appealable. If the program fails to demonstrate compliance or to elect

voluntary withdrawal within the time specified, the Commission may act to deny or rescind the program's accreditation.

Notwithstanding the above, the Commission may take immediate adverse action, without prior notice or issuance of a show cause directive, to initiate an action to withdraw accreditation from a program if it determines, in its reasonable discretion, that a program's violations of the Consortium's standards and/or policies warrant such immediate action. A decision to initiate an adverse action under the terms of this paragraph is subject to the appeal rights set forth in Section 8.0 of the Commission's Accreditation Policies and procedures.

5.3 Possible Accreditation Actions (described in detail in sections 1.4.1 through 1.5.1)

Include the following:

- *Initial Accreditation*
- *Renewal of Accreditation*
- *Voluntary Withdrawal of Accreditation*
- *Denial of Accreditation*
- *Rescinding of Accreditation*
- *Deferral of Accreditation*

5.3.1 Adverse Actions

Denial of Accreditation and Rescinding of Accreditation are Adverse Actions. Adverse Actions are appealable actions. If the Commission initiates an adverse action to deny a program's application for renewal of its accreditation or to rescind a program's accreditation, the program will retain its accredited status unless and until the earlier of (a) the period to appeal the decision lapses without the program filing a notice of appeal or (b) the Commission's decision is upheld in its original form or as amended by the appeals panel. However, notice of the Commission's decision to deny a renewal of accreditation and the status of any appeal will be published on the Commission's website and must be included by the program in its description of its accreditation status. Programs appealing a denial or rescission of accreditation must refrain from making or proposing any substantive changes. (For a full explanation of the Appeals process, see Section 8.0 "Appeals Policy and Procedure".)

Deferral and Show Cause Orders are not adverse or appealable actions. For adverse actions, the Accreditation Commission notifies the program director and the CEO of the sponsoring organization, stating specific reasons for the Adverse Action. Appealable actions are not made public for 30 days following notification, during which time a candidate program may appeal the decision. Within 60 days of an Adverse Action decision becoming finalized, the Accreditation Commission will inform the Secretary of Education, appropriate state regulatory agencies if any, and the public via a brief the reasons for the Adverse Action and commentary by the program with regard to the

decision.

5.3.2 Good Cause Extension of Time to Achieve Full Compliance

The maximum time period for achieving compliance with the Consortium’s accreditation standards is 18 months. However, the Commission may extend this 18-month period for good cause shown. “Good cause” in this context is defined as a sufficient reason for the Commission to allow additional time for the sponsoring organization to show that it has made substantial progress; for example, it needs additional time to more fully document experience in attaining full compliance, additional resources are shortly to become available, or there are exigent circumstances, such as illness or accident, that justify an extension of time. When the Commission grants a “good cause” extension, the time allowed for organizational compliance may exceed the permissible compliance times published in federal regulations. The Commission notifies the U.S. Secretary of Education if an extension is granted for “good cause.”

- a. *The Commission considers the following criteria when granting an extension for a good cause:*
 - *The length of time requested for the extension;*
 - *Rationale for granting or denying the extension;*
 - *Common sense matters such as near-term future availability of reports or data;*
 - *Anticipated impact of an extension on trainees enrolled with the program; and*
 - *Limitations on a further extension to an existing extension, limits on the frequency and use of “good cause.”*
- b. *The Commission may also elect to monitor the progress of a program that has received an extension for a good cause by requesting documentation periodically on the sponsoring organization’s progress toward compliance with the Commission’s standards or procedures.*
- c. *After reviewing the above considerations, the Commission will decide to grant or deny a sponsoring organization’s request for an extension for good cause. This Commission decision is not appealable. The Accreditation Commission’s decision is final. Its findings will be communicated in writing, delivered via email, to the candidate program.*

5.3.3 Regarding Accreditation Actions by Others

Similarly, if the Accreditation Commission learns that a sponsoring organization with an accredited program is the subject of an Adverse Action or is placed on probation or an equivalent status by another accrediting agency or recognized state agency during an existing accreditation term, the Accreditation Commission will request a response from the program describing the Action taken by the other agency and if and/or how the Action taken by the other agency impacts the candidate program. The Accreditation

Commission will review this information at its next regularly scheduled meeting to determine whether it must recommend that the Commission initiate an Adverse Action against the program or initiate a show cause order.

The Commission may grant accreditation to such a program described above in this section only if it provides to the Secretary of the US Department of Education, within 30 days of its action, a thorough and reasonable explanation, consistent with the Accreditation Standards, why the action of the other body does not preclude the Commission's grant of accreditation.

If the Commission learns that an sponsoring organization that offers a program it accredits is the subject of an Adverse Action by another recognized accrediting agency or has been placed on probation or an equivalent status by another recognized agency, the Commission must promptly review its accreditation of the program to determine if it should also take Adverse Action or activate the show cause order.

The Accreditation Commission must, upon request, share with other appropriate recognized accrediting agencies and recognized State approval agencies information about the accreditation status of a program and any Adverse Actions it has taken against an accredited program.

5.3.4 Accreditation Duration

An accreditation term is the period during which the accreditation status remains valid. Accreditation status is stated as valid through a specific date, for a maximum of three (3) years for Initial Accreditation and five (5) years for Renewal of Accreditation (unless a shorter time is deemed to be warranted).

5.3.4.1 Importance of Accreditation Term: *The initial date and termination date of an accreditation term are important because accreditation status may establish eligibility of a program for participation in some funding and/or establishes the qualifications of trainees who complete the program. The date of accreditation will be the date on which the program's accreditation status was granted by the Accreditation Commission.*

The Accreditation Commission's accreditation procedures are structured, to the extent possible, to protect the interests of trainees who enter an accredited program with the expectation that they will complete an accredited program. An accredited program must be aware of decisions that may put postgraduate training programs trainees at risk and must represent those possibilities accurately. Any accreditation status terminates on the date the program is terminated or is dissolved by its parent sponsoring organization.

As described above, on occasion the Accreditation Commission may encounter

circumstances that would warrant deferral of an accreditation decision. The decision to defer is at the total discretion of the Accreditation Commission. In the case of a Renewal decision, a deferral includes an automatic extension of the accreditation status until an accreditation decision is made.

5.4 Public Notifications

(a) The Accreditation Commission provides written notice of the following types of decisions to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public no later than 30 days after it makes the decision:

- (1)** A decision to award initial accreditation to a program.
- (2)** A decision to renew program's accreditation,

(b) The Accreditation Commission provides written notice of a final decision to issue a Show Cause Order or to Deny or Rescind a program's accreditation to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the program of the final decision and requires the program to disclose such an action within seven business days of receipt to all current and prospective students. Notification to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies must occur no later than 30 days after the final decision is made. An adverse decision becomes final when it is either affirmed on appeal or when the amended or remanded decision is finalized by the Commission, or after the deadline for filing a Notice of Appeal by the Program has expired. In the case of a Show Cause order, which is not an adverse decision and is therefore not appealable, the decision become final when it is made by the Accreditation Commission.

(c) The Accreditation Commission provides written notice to the public of the final decisions listed in paragraph (b) of this section within one business day of its notice to the program. This is typically accomplished by posting the notice on the Consortium website as an update to the listing of accredited programs.

(d) For any decision listed in paragraph (b) of this section, the Accreditation Commission requires the program to disclose the decision to current and prospective students within seven business days of receipt and makes available to the Secretary, the appropriate State licensing or authorizing agency, and the public, no later than 60 days after the decision, a brief statement summarizing the reasons for the agency's decision and the official comments that the affected program may wish to make with regard to that decision, or evidence that the affected program has been offered the opportunity to provide official comment. The Commission will provide the brief statement summarizing the reasons for the decision to the affected program within 10 calendar days of the final

decision. The Commission will offer the affected program the opportunity to submit official written comments on the statement. If the program elects to submit official written comments it must do so within 20 days of the final decision.

(e) Notifies the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and, upon request, the public if an accredited program—

(1) Decides to withdraw voluntarily from accreditation , within 10 business days of receiving notification from the program that it is withdrawing voluntarily from accreditation ; or

(2) Let's its accreditation lapse, within 10 business days of the date on which accreditation lapses.

5.5 Conflict of Interest

Accreditation Commission members who have a conflict of interest in relation to the candidate program under review must declare such and recuse him or herself from any related discussion and decision-making. A conflict of interest occurs because of an individual's potential ability, or perception of an ability, to influence a decision, not in his or her knowledge about the decision. All parties, including those who may have had a conflict of interest, are also bound by confidentiality restrictions imposed by Accreditation Commission procedures.

To ensure that all matters regarding the accreditation of programs by the Accreditation Commission are conducted with integrity, fairness, impartiality and objectivity, the following policy is intended to be upheld by members of the Consortium's Board of Directors, the Accreditation Commission, site visitors and any other individual representing the Consortium.

5.5.1 Conflict of Interest Policy

Conflicts of interest and the appearance of conflicts of interest must be avoided in all circumstances. Anyone representing the Accreditation Commission or acting on behalf of the Accreditation Commission ("Accreditation Commission Representative") shall not have direct involvement with and/or participate in any decision-making capacity regarding accreditation if they have an actual conflict of interest or the appearance of a conflict of interest with the program.

A Conflict of Interest ("COI") for purposes of the Accreditation Commission occurs when an Accreditation Commission Representative has competing interests or loyalties due to a current or previous financial, professional or personal interest in an organization seeking accreditation of its program. A financial, professional or personal interest exists if: (1) the Accreditation Commission Representative participates or participated as an employee or consultant, in the development, in the implementation or otherwise was

involved with the program seeking accreditation; or (2) the Accreditation Commission Representative receives, received or stands to receive any direct financial benefit from the organization seeking accreditation, including but not limited to a compensation arrangement with such organization. A compensation arrangement means any management equity plan or stock option plan or any other management or employee benefit plan or other agreement or arrangement, including any employment arrangement or equity purchase agreement between the Accreditation Commission Representative and the organization.

Examples of conflicts of interest include, but are not limited to:

- *Employment with, or serving as a mentor or supervisor, involving the program under review;*
- *Being a current or former trainee of the program's sponsorship organization under review;*
- *Having been paid or otherwise profited or appeared to have profited from service to the training unit or clinical program that is under review;*
- *Having a current financial interest in the sponsoring organization of the program that is under review that is under review;*
- *Having any other relationship or reason that could reasonably serve as an impediment to rendering an impartial, objective professional judgement regarding the program that is under review.*

5.5.2 Conflict of Interest Procedure

The duty to disclose, determining whether or not a conflict exists, and specific procedures for addressing the conflict of interest (COI), and violations of the conflict of interest policy, and records of the proceedings are described in detail below.

5.5.2.1 Duty to Disclose/Recuse: *In connection with any COI, an Accreditation Commission Representative must disclose to the Accreditation Commission Chair the existence of a COI as soon as the conflict becomes apparent.*

If any employee, staff, or Accreditation Commission member has engaged in any consulting relationship with any program, and that program subsequently submits to the Consortium a Notice of Intent to Apply for accreditation by the Consortium, such individual(s) must, upon receipt by the Commission of such Notice of Intent to apply, recuse themselves from any and all activity regarding the planning, execution, follow up and ultimately decisions regarding accreditation.

In order to prevent either a conflict of interest or the appearance of a conflict of interest, the Consortium shall further adhere to the following procedure regarding consulting activities. This disclosure is submitted and/or recorded on the Conflict of Interest Disclosure Form. The Accreditation Chair will then forward a copy of the

Disclosure to two others selected to join the Chair as members of the “Conflict of Interest Review Panel.” If the COI involves one of the panel members, then the others on the panel will recruit a third person for the panel. The person of interest will be given the opportunity to disclose all relevant facts to the Conflict of Interest Panel.

5.5.2.2 Determining Whether a Conflict of Interest Exists: *After disclosure of a COI and all relevant facts, and after any discussion with the interested person, the Conflict of Interest Panel shall make a determination about whether or not a conflict, or the appearance of a conflict exists, and if one does exist, how to manage it. The Accreditation Commission will be informed of the disclosure and resultant action at their next regularly scheduled meetings.*

5.5.2.3 Managing the Conflict of Interest: *The Accreditation Commission Representative who disclosed the COI may make a presentation to the Conflict of Interest Panel, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible COI. The Conflict of Interest Panel shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.*

After exercising due diligence, the Conflict of Interest Panel shall determine whether the Accreditation Commission can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a COI.

If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the Conflict of Interest Panel shall determine by a majority vote whether the transaction or arrangement is in the Accreditation’s best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination, it shall make its decision as to whether to enter into the transaction or arrangement.

5.5.3 Violations of the Conflicts of Interest Policy

If the Accreditation Commission has reasonable cause to believe an Accreditation Commission Representative has failed to disclose actual or possible conflicts of interest, it shall inform the Accreditation Commission Representative of the basis for such belief and afford the Accreditation Commission Representative an opportunity to explain the alleged failure to disclose.

If, after hearing the Accreditation Commission Representative’s response and after making further investigation as warranted by the circumstances, the Accreditation Commission determines the Accreditation Commission Representative has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary

and corrective action.

5.5.4 Records of Proceedings

The minutes of the meetings of the Accreditation Commission, the Conflict of Interest panels and any other Commission decision-making entities shall contain:

- *The names of the persons who were present for discussions and votes relating to the transaction or arrangement;*
- *The content of the discussion, including any alternatives to the proposed transaction or arrangement;*
- *Record of any votes taken in connection with the proceedings.*

5.6 Circumstances Beyond the Program’s Control

If a program experiences circumstances that are beyond the program’s control, which require a period of noncompliance, an exemption may be granted for a reasonable and defined time period.

The accrediting commission will consider situations where an institution or program are facing challenges due to factors outside of their direct control, potentially allowing for some flexibility in applying accreditation standards during that time period; essentially, if a significant issue arises that is not within the institution's power to manage, they may be granted a temporary period of noncompliance while addressing the situation.

The Program must demonstrate that the circumstances causing noncompliance are truly beyond its control and provide documentation and evidence to support its claim, such as (but not limited to):

- i. A natural disaster or other catastrophic event significantly impacting the Program's operations;*
- ii. Accepting trainees from another program that is implementing a teach-out or closing;*
- iii. Significant and documented local or national economic changes, such as an economic recession or closure of a large local employer;*
 - i. (iv) Changes relating to State licensure requirements;*
 - ii. (v) The normal application of the Consortium’s standards creates an undue hardship on trainees.*

The Program must also demonstrate that it has the resources necessary to achieve compliance with the standard, policy, or procedure postponed within the time allotted and that the period of noncompliance will not—

- i. Contribute to the cost of the Program to the trainee without the trainee's consent;*
- ii. Create any undue hardship on, or harm to, trainees; or*
- iii. Compromise the Program's academic quality.*
- iv. Any period of noncompliance granted is temporary and requires a plan outlining how the program will address the issue and return to compliance within a reasonable timeframe.*

The grant of the period of noncompliance must be approved by the Accreditation commission.

6.0 Interim Report and Annual Report

The Accreditation Commission will establish a Monitoring Committee. The Committee's charge will be to conduct an annual review and analysis of all official data regarding the effectiveness of accredited programs and to offer concomitant recommendations. The analyses will occur after Annual Reports are submitted. Data will include but not be limited to accredited program's Annual and Interim Reports, and other official pertinent communications regarding program effectiveness. The Committee will deliver a written report of their annual analysis, and any concomitant recommendations for action, to the Commission during the first quarter of the calendar year. The Commission selects the members of the Monitoring Committee, with at least one member of the committee being a Commission member. The Committee is composed of least one educator, one practitioner and one administrator. Committee members serve a 3-year renewable term.

6.1 Overview of the Interim Report

The purpose of the Interim Report is to provide the program with an opportunity to conduct a "self-evaluation" that consists of a longitudinal evaluation of the program and its learning environment, facilitated through sequential periodic program evaluations that focus on the required Standards, with an emphasis on program strengths and "self-identified" areas for improvement. "Self-identified" is used to distinguish this dimension of the program assessment from areas for improvement identified by the Accreditation Commission during accreditation reviews.

The Interim Report must address the overall growth of the program, trainee accomplishment, and the fiscal health of the program and the sponsoring organization. The Program must have an established process of ongoing programmatic self-assessment that must use the Accreditation Standards as a method to anchor the process, noting progress and updating status on areas of special attention. The Interim Report, which is due mid-accreditation term, must be anchored in the most recent Self-Study, comparing current and previous program metrics related to the Accreditation Standards, and updating findings.

6.1.1 Interim Report Content

The Interim Report documents the program's on-going activities to comply with the accreditation standards and to implement their unique corresponding action plan. The interim report form is available from the Accreditation Commission. The report must include:

- *Trainee achievement; operational and fiscal adequacy;*
- *Overall programmatic sustainability;*
- *Identified strengths, weaknesses and opportunities for improvement;*

- *Structural or content program adjustments to address areas of weakness and areas of improvement;*
- *Evidence of improvement through implementing the action plan developed from evaluation results.*

6.2 Annual Report

The Annual Report, due each October 31, tracks the number of trainees; provides a confirmation that the program continues to be in compliance with each Standard; and provides update on any substantive changes in the program or the sponsoring organization. The Annual Report form is available from the Accreditation Commission.

Data for the Annual report includes:

- *Postgraduate trainee completion rates;*
- *Postgraduate trainee withdrawals or dismissals;*
- *Postgraduate trainee evaluations of core program elements;*
- *Preceptor evaluations of postgraduate trainee performance;*
- *Graduate employment data;*
- *Recent alumni satisfaction;*
- *Employer satisfaction (if available);*
- *Program staff changes (replacements and additions);*
- *Operational and fiscal adequacy;*
- *Overall programmatic sustainability.*

7.0 Substantive Change Policy and Procedures

Situations may arise that require substantive changes, impacting the functioning of a training program. One of the premises of the Accreditation Commission's accreditation process is that every program agrees to act in Good Faith, with the intent to deliver training programs as promised to trainees. Such situations, regardless of the cause, need to be addressed proactively.

7.1 Definition of Substantive Change

As a component of on-going monitoring of accredited programs, the purpose of substantive change is 'to keep a pulse' on a program's development. Programs must keep the Accreditation Commission informed when a substantive change is under serious consideration. A formal substantive change notice must be submitted prior to implementation of a substantive change.

A substantive change includes, but is not limited to, the following changes: a major change in the established mission or objectives of the postgraduate program; offering of a new training program; the addition or discontinuance or temporary suspension of an area of specialization; the offering of a postgraduate training program at a site distant from the accredited program; a substantial increase or decrease in the length of a postgraduate training program; a change in a partnership, sponsorship or ownership.

7.1.1 Curricular Changes

Curricular changes are the most common type of substantive change. These changes should be reported in the Annual and Interim Reports. When submitting a curricular change, the program must ensure that the supporting documentation includes all of the following elements:

- *number of trainees in the new program/specialization (projected enrollment);*
- *list of required training activities;*
- *competencies associated with the program/specialization;*
- *a faculty list highlighting the faculty supporting the new degree/specialization.*

7.1.2 Change in Trainee Complement and/or in Participating Sites

As programs become established, they may seek to increase their trainee complement. This may require adding participating sites. Alternatively, a program may be reducing the complement of trainees or eliminating a program. In either circumstance, the program must inform the Accreditation Commission and take appropriate action prior to implementing the change. Documentation must include:

- *number of trainees in the new program/specialization (projected enrollment);*
- *new training sites;*
- *a faculty list highlighting the faculty supporting the new degree/specialization.*

7.2 Declaration of Substantive Change

In the event of substantive change, there must be timely and open communication with the Accreditation Commission. The communications will include formal and informal channels to facilitate timely action that supports continuation of quality training for the program's trainee(s).

7.2.1. Notification on Writing

The program must notify the Accreditation Commission officially, in writing, as soon as it has determined that there will be a significant change that impacts the ability of the program to continue functioning in full compliance with the Accreditation Standards. Programs must provide notice to the Accreditation Commission after a major curricular change before trainees enroll.

In the written notice of substantive change, the program must submit the following information:

- *Describe the change, including supporting documentation that will allow the Board to evaluate the change and determine whether the change may impact continued compliance with the accreditation criteria;*
- *Be signed by the program director and the relevant sponsoring organizational official;*
- *Be on official program letterhead;*
- *Be saved as a PDF;*
- *Submitted to the Accreditation Commission office via email.*

The Consortium staff will acknowledge receipt of the letter and initiate the Accreditation Commission's relevant substantive change protocol. The Consortium staff will:

- *Retain the letter from the program in the program's administrative file;*
- *Forward the letter to the Chair of the Accreditation Commission;*
- *Work with the Chair of the Accreditation Commission in accordance with the relevant substantive change policies;*
- *Inform the Accreditation Commission of the substantive change;*
- *Program's Accreditation Commission will consider the program's substantive change in the next Commission meeting;*
- *Accreditation Commission provides written notice of its determination relating to any substantive changes within 30 days of their determination.*

8.0 The Appeals Policy and Procedures

The purpose of this policy is to clearly describe the grounds for appeal and the Appeal process.

8.1 Appealable Decisions and Grounds for Appeal

Appealable Decisions: The only accreditation decisions that may be appealed are:

- *Denial of Initial Accreditation*
- *Denial of Renewal of Accreditation*
- *Rescinding of accreditation*

These decisions are also referred to as “Adverse Actions” in this Policy.

Grounds for Appeal: Dissatisfaction with a decision is not sufficient grounds for an appeal. To be considered, an appeal must allege the following grounds:

1. *That the Accreditation Commission, when rendering the decision being appealed:*
 - a) *Did not follow its established policies and/or procedures, and/or*
 - b) *Made a substantive error or errors, such as a factual error, mistake, or misinterpretation; and*
2. *That the Accreditation Commission’s failure to follow established policies and procedures and/or commission of a substantive error or errors materially affected the outcome of the accreditation decision. The phrase “materially affected the outcome” means that the decision being appealed would not have been made but for the alleged failure to follow policies and procedures and/or the substantive error or errors.*

8.2 Appeal Process

8.2.1 Role of the Appeal Panel

The role of the Appeal Panel is to conduct a hearing, make findings of fact and render a decision regarding the program’s challenge to the Accreditation Commission’s Adverse Action. The Appeal Panel has authority to make the following decisions: to affirm, amend or remand Adverse Actions of the Accreditation Commission. In a decision to remand an Adverse Action back to the Accreditation Commission, the Appeal Panel will identify specific issues that must be addressed. If the Appeal Panel sends an Adverse decision back to the Accreditation Commission for reconsideration, the Accreditation Commission must act in a manner consistent with the Appeal Panel decisions and instructions.

8.2.2 Submitting an Appeal

After the Accreditation Commission has rendered an appealable decision, the Commission must provide written notification to the program of that decision and must inform the program of its right to appeal in accordance with this Policy. The appeal letter must also inform the program of the date by which the program must submit its notice of intent to appeal the decision. That due date will be set by the Commission and will be at least thirty (30) days following the date of the decision. In order to begin the appeal process, a formal notice of intent to appeal (“initial appeal letter”) notifying the Accreditation Commission of the program’s intent to appeal must be submitted to the Chair of the Accreditation Commission no later than the specified due date. The initial appeal letter must be signed and dated by the chief executive officer of the sponsoring organization that sponsors the training program. The initial appeal letter must specify the grounds for appeal and must contain a statement of facts alleged to support the specified grounds. Additionally, a nonrefundable Appeal Fee of \$1,500 must be included with the initial appeal letter. The initial appeal letter may not exceed five pages in length. Information beyond that limit will not be considered.

Upon receipt of the program’s initial appeal letter and fee, the Chair of the Accreditation Commission will determine whether the grounds presented for appeal are within the purview of the Commission and notify the program representative in writing within thirty (30) days of receipt that the appeal request has either been accepted or rejected. If the decision is to reject the appeal, the reasons for that rejection will be stated.

The decision of the Chair of the Accreditation Commission is final and cannot be appealed. If paid already, the Appeal Fee will be refunded in full if the Chair of the Accreditation Commission finds no grounds for appeal have been stated, but is nonrefundable after the Chair provides notice that the appeal has been accepted.

If the Chair of the Accreditation Commission determines that the appeal may proceed, the program will be so notified in writing.

Within thirty (30) days of the postmarked date of notification that the appeal may proceed, the program must submit:

1. *Any and all documents relevant to the grounds for appeal that the program wishes to be reviewed by the Appeal Panel, and*
2. *A list of witnesses, if any, which the program plans to call to address the Appeal panel along with summaries of the topics each witness will be asked to address.*

An appeal may not include information that was not made available to the Commission during the site visit or regarding changes to the program that occurred after the Accreditation's Commission decision. Information of this type that is submitted along with an appeal will not be reviewed or considered. The only exceptions are:

1. *That programs may include documentation not previously available from external investigations (such as licensing, regulatory, or professional body investigations) related to a program's ability to meet and maintain the Accrediting Commission's Accreditation Standards*

5.5.5

2. *New financial information if that financial information:*
 - (i) *Was unavailable to the program until after the decision subject to appeal was made.*
 - (ii) *Is significant and bears materially on the financial deficiencies identified by the Accreditation Commission. The criteria of significance and materiality are determined by the agency.*
 - (iii) *Is the only remaining deficiency cited by the Accreditation Commission in support of a final Adverse Action decision.*

5.5.6

The program may seek the review of new financial information described above only once and any determination by the agency made with respect to that review does not provide a basis for an appeal.

8.2.3 Standard of Review and Burden of Proof on Appeal

The burden of proof is upon the program to establish its stated grounds for appeal by a preponderance of the evidence. The term "preponderance of the evidence" means evidence establishing that it is more likely than not that the stated grounds for the appeal is true.

8.3 Composition of the Appeal Panel

The Appeal Panel will consist of up to five individuals, including individuals who are: (1) an educator, (2) a practitioner, (3) a representative of an accredited program and (4) a public member. No member of the Commission may serve on the Appeal Panel, and no member of the Appeal Panel may have been a part of or involved in making the decision that is being appealed. The Appeal Panel will be selected and convened on an ad hoc basis by the Executive Director who will brief the Panel members on the process and their role. Conflict of interest protocols will be carefully enforced.

8.4 Appeal Hearing Process

Once an appeal is received by the Accreditation Commission, the staff will use reasonable efforts to redact personal and program identifying information from the appeal and related documents and from the program's Accreditation Commission's Accreditation file before forwarding the documents to the Appeal Panel. Prior to the hearing, the Appeal Panel may request additional factual information about the appeal from the Accreditation Commission, the site visitor(s), and/or the program. Once obtained, that information will be shared with both parties.

8.4.1 Conduct of the Hearing

The Appeal Panel Chair, after consultation regarding possible dates with the Chair of the Accreditation Commission and the appealing program's representative, shall notify the two parties in writing of the date, time, and location of the hearing. The hearing must be scheduled within sixty (60) days of the date on the written notification of the formation of the Appeal Panel; however, this time may be extended by the Chair of the Commission if required by extraordinary circumstances.

The Consortium's Executive Director will provide the members of the Appeal Panel with copies of all documents used by the Commission in reaching its decision and copies of the appeal request and supporting documents (Notice of Intent to Appeal, Appeal Materials, and Witness Summaries) properly submitted by the program. Prior to the hearing, the Appeal Panel members will review all documents that have been provided to them.

At the sole discretion of the Accreditation Commission, the hearing may be held either at a single location where all parties are physically present or may be held by synchronous electronic means that includes audio and video such that all parties can see and hear each other.

The Appeal Panel Chair shall call the hearing to order. The Chair shall announce the purpose of the hearing, state the decision of the Accreditation Commission which is being appealed, read the grounds for appeal, declare the standard of review, and explain the hearing procedures to be followed, including time limits for presentations. The Appeal Panel Chair shall be responsible for conducting an orderly meeting and all rulings from the Chair regarding procedures shall be final.

The appealing program and the Accreditation Commission may have any representative present they deem appropriate, including legal counsel; provided, however, the Appeal Panel Chair may limit the number of representatives who may attend a hearing as she or he deems appropriate given space available at the hearing location. All proceedings will be audio recorded by the Accreditation Commission and a copy of the audio recording will be provided to the appealing program upon request.

The Appeal Panel is empowered to impose time limits within which the appealing program and the Accreditation Commission must complete presentation of their respective cases, including all witness testimony and questioning of the opposing party; provided, however, the appealing program will be allowed no more than 120 minutes for presentation of its case.

The Appeal Panel Chair shall recognize one representative of the appealing program who will be given the opportunity to state the case of the program. Witnesses may be asked to present information to the panel on behalf of the program. Following the witness' presentation one Accreditation Commission representative (or legal counsel) and all Appeal Panel members will be given the opportunity to ask questions of the witness.

The Appeal Panel Chair shall then recognize one Accreditation Commission representative who will be given the opportunity to state the case of the Accreditation Commission. Witnesses may be asked to present information to the panel on behalf of the Accreditation Commission. Following the witness' presentation, one program representative (or legal counsel) and all Appeal Panel members will be given the opportunity to ask questions of the witness.

At the conclusion of the presentation of the case by both parties, one representative from the appealing program and one representative from the Accreditation Commission will be given the opportunity to make final remarks.

8.5 Appeal Panel Decision

The Appeal Panel shall issue a decision within fifteen (15) days of the conclusion of the hearing and written copies shall be sent to the Chair of the Accreditation Commission and the appealing program's chief executive officer, with a copy to the appealing program's representative who initiated the hearing.

The decision may be one of the following:

1. *To affirm the Adverse Action;*
2. *To amend the Adverse Action and direct the Accreditation Commission to grant accreditation;*

3. *To remand the decision to the Accreditation Commission for reconsideration with recommendations for appropriate action. The Appeal Panel must identify specific issues that must be addressed by the Accreditation Commission.*

With the exception of a decision to remand for reconsideration, all other decisions of the Appeal Panel are final.

8.6 Accreditation Commission Process Following Remand

When a decision is remanded, the Accreditation Commission shall reconsider its previous decision at its next regularly scheduled meeting in accordance with all instructions given to it by the Appeal Panel. Reconsidered Accreditation Commission decisions are final and no further appeal process is available.

Nothing in this policy limits the authority of the Accreditation Commission to agree to reconsider a decision without the necessity of a hearing or any part thereof and/or extending a period of accreditation if it deems that to be appropriate. After a detailed review of the program's appeal in accordance with the instructions provided to it by the Appeal Panel, the Accreditation Commission determines the outcome of the remanded appeal by majority vote. The possible outcome is dependent on the type of appeal and may include:

- *Upholding the Accreditation Commission's previous decision;*
- *Overturing the Accreditation Commission's previous decision and granting accreditation or rescinding revocation of accreditation*
- *Overturing the Accreditation Commission's previous decision, with a revisit required, prior to rendering a final decision.*

After the Accreditation Commission has reconsidered the decision being appealed, the outcome of the reconsideration will be communicated, in writing to the program, and that decision is final. No further appeal process will be available.

8.7 Voluntary Withdrawal of Accreditation by the Program

A program may voluntarily surrender its accreditation status at any time during the appeal process, so long as the surrender is communicated to the Accreditation Commission prior to the Appeal Panel's decision. Voluntary withdrawal will result in termination of the appeal process and a waiver of any right to completion of the appeal.

8.8 Fee for Appeal

All costs of the appeal must be borne by the appealing program, except that the Accreditation Commission and the appealing program will each pay the costs associated with obtaining their own legal advice, preparing their case, and sending their representatives and witnesses to the hearing. Costs chargeable to the appealing program may include, but are not limited to, travel costs for the Appeal Panel members,

telephone calls, duplicating costs, recording expenses, and hearing room rental or charges for a virtual hearing. The Accreditation Commission will initially pay all expenses, deducting the appealing program's share from the Appeal Fee until it is exhausted, and bill the appealing program for any portion of its share that exceeds the Appeal Fee.

9.0 Complaints Policy

9.1 Submission of Complaints or Concerns Policy

There may be occasions when trainees, faculty, sponsoring organizations, or others involved with accredited programs have complaints regarding the program. In addition, the Accreditation Commission may initiate its own complaint based on information available in the public domain, such as information obtained from legitimate news reports, licensing or regulatory agencies. The Accreditation Commission has developed a process for addressing such complaints.

9.2 Overview

The Accreditation Commission may re-evaluate a program's accreditation based on information related to the program's pursuit of accreditation policies, procedures, or other matters to the extent that such information, if known by the Accreditation Commission at the time of accreditation, would have impacted its accreditation review. Additional situations that may precipitate an investigation include any misrepresentation made either in the accreditation process or in any subsequent filing to the Accreditation Commission; the improper use of the Accreditation Commission name, logo, or seal of accreditation; or false or misleading reference to accreditation. Any individual who knowingly misrepresents the program on its behalf during the pursuit of Accreditation Commission Accreditation or after accreditation has been awarded may be subject to a complaint investigation up to denial or revocation of accreditation.

The Accreditation Commission may receive written complaints from the public on any program formally pursuing Accreditation Commission accreditation or serving a current term of Accreditation Commission, or may initiate its own complaint investigation. The process for investigating these complaints is described below.

9.3 Submitting a Complaint

To submit a complaint, the Program Complaint Form must be filled out by complainant or individual receiving complaint. The Accreditation Commission will use best efforts to protect the identity of the complainant when it is reasonable to do so. The Accreditation Commission will use reasonable efforts to inform the complainant before disclosing the complainant's identity.

The Accreditation Commission can only act on complaints regarding a program's inability to meet the Accreditation Standards. Concerns or allegations outside the Accreditation Commission's purview should be submitted to the appropriate authority.

The purpose of this policy document is to establish a standard method for processing complaints involving Accreditation Commission standards, policies, and procedures

about a member program or a program whose submitted application for initial accreditation remains active.

9.3.1 Policy Requirements

Accreditation is a partnership for quality in which a program must meet established standards of educational quality. Toward that end, Accreditation Commission accredited programs are responsible for maintaining ongoing compliance with the Accreditation Commission Standards for Accreditation and must inform participants of their right to communicate with Accreditation Commission regarding complaints relative to noncompliance with those standards. Accordingly, accredited programs will:

- 1. Maintain a reasonable internal grievance policy to receive and resolve complaints, and disclose said policy in written form to all trainees at the time of enrollment.*
- 2. Notify Accreditation Commission in writing within ten (10) days of any action or complaint filed against it by a governmental agency having regulatory authority over it, furnishing with the notification a copy of the items filed against it.*
- 3. Inform trainees of their right to contact Accreditation Commission with a complaint; make available to trainees the Accreditation Commission's notice by
a) publishing the Complaint Procedure in a readily accessible, prominent location at the program and b) furnishing participants the email, telephone number, and address of Accreditation Commission.*

9.3.2 Procedure for Processing a Complaint

A Consortium staff member or member of the Consortium Board of Directors is designated as the Chair of the Complaint Review Committee (CRC), who is responsible for processing complaints. The CRC is comprised of a representative of Consortium leadership, an Accreditation Commission member, and/or other accreditation staff. This body may collectively resolve complaints by vote, as authorized by the Executive Director. Copies of complaints and all related documents will be placed in the program's file upon resolution. Complaints must relate to Accreditation Commission standards. Complaints may be written or oral and initiated by an identifiable source, participant or non-participant, and/or Accreditation Commission.

Oral complaints will be routed to the Chair of the (CRC), or other designated member of the CRC, who will attempt to obtain the following: 1) name, email, telephone number, and address of the person calling; 2) name and location of the program concerned; 3) caller's status with the program; 4) names of individuals at the program involved in the complaint; 5) details of the complaint; and 6) what was done to resolve the complaint prior to calling. This information will be logged and dated. The complainant will be directed to furnish a written complaint within ten (10) days and will be informed that

failure to do so may result in the determination that the complaint is not actionable and, therefore, will not be processed further. A verbal complaint may be processed without subsequent written notification if it is determined to be one with urgency, as defined below, upon conferral with the Executive Director. Anonymity will be honored for callers who do not wish to be identified; however, they must still furnish a complaint in writing per the above policy.

Complaints received in writing will be date stamped and routed to the Chair of the CRC for an initial determination of both relevance to Accreditation Commission standards, policies and procedures and may subsequently be reviewed with the Executive Director and/or the CRC for further consideration.

Anonymous complaints will be processed per the policy and procedures outlined herein, and specific requests for anonymity by an identifiable source will be honored by all reasonable means. Complaints submitted anonymously must include substantive representation of all allegations relating to Accreditation Commission standards; otherwise, such complaints lacking sufficient detail may lead to a preliminary determination by the Consortium staff that the complaint be dismissed. In such cases, a copy of the complaint will be forwarded to the program along with a letter of notification indicating that the complaint was determined to be without merit.

Information received by the Accreditation Commission not as a complaint, but which indicates that the accredited program may be in violation of Accreditation Commission standards, policies, or procedures, will require Accreditation Commission to initiate a formal complaint based on that information. These complaints will be processed per this policy.

9.4 Actions upon Receiving a Compliant

9.4.1 Initial Determinations about a Complaint

- 1. Upon receipt of a complaint, the Chair of the CRC will first determine if the matter involves Accreditation Commission standards. If it does not, a written report will be made of such decision and the matter closed. The complainant(s) will be notified accordingly.*
- 2. A further consideration in determining whether to process a complaint is the length of time since the incident alleged in the complaint occurred. Unless there are extenuating circumstances, a complaint from a former trainee or employee will not be processed, if the complainant has been separated from the program for more than two years.*

3. *If the complaint relates to Accreditation Commission standards, it will be determined to be a complaint with urgency or a complaint without urgency. A complaint will be deemed one with urgency if upon an initial review:*
 - *The basis of the complaint appears to be well founded;*
 - *The seriousness of the issues, degree of potential or actual harm, the number of individuals impacted, and/or the time-sensitivity of the allegations warrant an expedited resolution of the complaint.*

9.4.2 Complaints without Urgency

Unless there are mitigating circumstances, complaints without urgency will be processed within the time frames identified below:

1. *Within seven (7) calendar days of receipt of the complaint letter, the Accreditation Commission will provide written notification to the program summarizing the allegations contained therein as related to specific Accreditation Commission standards. A copy of the complaint letter will be included in the notification unless the complainant specifically requests anonymity. The notification letter will direct the program to submit a written response addressing the allegations and, if appropriate, demonstrating its efforts to resolve the complaint.*

Any written notice from the Accreditation Commission to a program will be made by email or by other means from which the exact date of delivery can be proved. The program's response will be due within ten (10) calendar days from the date the program receives official notification from Accreditation Commission.

2. *Following receipt by the Accreditation Commission, the program's response will be reviewed by the CRC to determine that:*
 - a. *The complaint was resolved by the program, and the complaint will be closed in accordance with the policy described below;*
 - b. *The complaint is being resolved by the program, in which case the matter will be regularly monitored by the Accreditation Commission to its conclusion;*
 - c. *Additional specific action or information is required of the program, in which case the Accreditation Commission will so notify the program and continue to monitor to conclusion;*
 - d. *The matter is of sufficient seriousness to require processing as a complaint with urgency.*
3. *If the program fails to respond as directed, the complaint will be treated as one with urgency and processed accordingly.*

4. *Any complaint under this procedure not resolved within 90 days from its receipt by the Consortium may be deemed a complaint with urgency and processed accordingly.*

9.4.3 Complaints with Urgency

1. *If, upon conferral with the Executive Director and/or CRC, a complaint is deemed to be one with urgency, the processing of the complaint will be expedited.*
2. *Additional action may be required, in which case the Executive Director, or designee, will confer with the Chair of the Accreditation Commission to determine appropriate action, which may include:*
 - a. *Further reducing the notice and response periods and proceeding as in other cases;*
 - b. *Initiating an announced or unannounced on-site visit by a team of the number and composition appropriate to the circumstances, to be conducted under established procedures for such visits;*
 - c. *Issuing an Order for Show Cause under the procedures for show cause; and/or*
 - d. *Presenting the matter to the full Board for review and action as it directs. Any complaint with urgency remaining unresolved 60 days after receipt by the Accreditation Commission may be referred to the Board.*

In cases involving paragraphs (b) or (c) above, or where the program has not demonstrated substantial progress leading to closure and/or resolution, the complaint will be forwarded to the Accreditation Commission at its next regularly scheduled meeting for further review and action.

9.5 Closure of a complaint

The determination to close a complaint will be made by vote of the CRC, or in such cases that are referred to the Accrediting Commission by vote of that body. A complaint may be closed specifying that the original allegations were found to be with full merit, partial merit, or without merit. Following a thorough review, a complaint will be closed with partial merit if only some of the original allegations are found to have merit and/or the validated allegation(s) is determined to be minor in nature and scope, with no documented evidence of significant negative impact on trainees or other interested parties.

The complainant and the program will be notified in writing of the CRC's decision, normally within thirteen (13) calendar days of receipt of program's response to the complaint. If no new or additional information is submitted by the complainant within ten (10) calendar days of receipt of the notification letter, the Accreditation Commission will consider the complaint to be officially closed. A complaint may be reopened if

information warranting such action is received.

9.6 On-site Review of Complaints Filed Against Accreditation Commission Accredited Programs

During an on-site evaluation visit to a program seeking initial accreditation and reaccreditation, the team will consider complaints filed against the program and received by the Accreditation Commission during the application period for initial applicants and during the most recent accreditation period for accredited programs. Included will be: (1) complaints closed with merit and/or partial merit, (2) open complaints for which the programs received notice and an opportunity to respond, and (3) any open complaints alleging fraud and/or falsification, if upon initial review the basis of the complaint appears to be well founded.

Complaints filed since the last grant of accreditation will also be considered during interim evaluations. The team will receive a summary complaint report identifying, at a minimum, the number of complaints filed against the program, the names of the complainants, the dates of complaint submissions, the subject/nature of the complaints, the Accreditation Commission standards involved, and the complaint resolution (e.g. closed with merit, partial merit, no merit). In evaluating the program's compliance with Accreditation Commission standards, the team will include an assessment as to whether the issues raised in the complaint(s) persist and whether there is any pattern(s) of complaints. If warranted, the team's review of any complaints will be addressed under the relevant Accreditation Commission standard(s) in the team report prepared by the team.

9.7 Procedures for complaints against the Consortium Accreditation Commission

Complaints against the Accreditation Commission shall be detailed in writing or via the Consortium website by the complainant to the Consortium Executive Director, who will forward the complaint to the Chair of the Complaint Review Panel (CRP). The CRP composition is described below. To be considered by the Commission the complaint must relate to Accreditation Commission policies or procedures.

9.7.1 Submitting a Complaint

To submit a complaint, the Feedback / Complaint Form must be filled out by complainant or individual receiving complaint. Note that except in cases of potential illegal activity, Consortium will not act on anonymous complaints. However, the Consortium will use best efforts to protect the identity of the complainant when it is reasonable to do so. If information that is available in the public domain is provided anonymously, the Consortium may initiate a review based upon the information. The Consortium will use reasonable efforts to inform the complainant before disclosing the complainant's identity.

The Consortium can only act on complaints regarding the Accreditation Commission's inability to meet its policies and procedures. Concerns or allegations outside Consortium's purview should be submitted to the appropriate authority.

The purpose of this policy document is to establish a standard method for processing complaints against the Accreditation Commission regarding their compliance with their policies and procedures and received from a program or program representative that is accredited by the Consortium or in the accreditation review process.

9.7.1.1 Policies requirements: *The Accreditation Commission must comply with its accreditation policies and procedures and must inform accredited programs of their right to communicate with Accreditation Commission regarding complaints relative to noncompliance with accreditation policies and procedures. Accordingly, the Accreditation Commission will:*

- 1. Maintain a reasonable internal grievance policy to receive and resolve complaints, and disclose said policy in written form.*
- 2. Notify external agencies as required in writing within ten (10) days of any action or complaint filed against it, furnishing with the notification a copy of the items filed against it.*
- 3. Inform participants of their right to contact the U.S. Department of Education with a complaint; post the notice about how to submit a complaint by a) publishing the Complaint Procedure on the Consortium's website in a readily accessible, prominent location; and b) furnishing participants the email, telephone number, and address of Accreditation Commission.*

9.7.2 Procedures for processing a complaint

Composition of the Complaint Review Panel: The Executive Director of Consortium will convene a Complaint Review Panel (CRP) to process the complaint. The CRP will be composed of a public member who will chair the CRP, Consortium's Executive Director, and three additional members, at least two of whom are members of the Commission. There must be an educator, a practitioner; and a public member; none of whom may have a conflict of interest in the matter at hand.

Responsibilities of the Complaint Review Panel: This body may collectively resolve complaints by vote, as authorized by the CRP Chair. Copies of complaints and all related documents will be placed in the Accreditation Commission's administrative file upon resolution. Complaints must relate to the Accreditation Commission's adherence to their accreditation policies or procedures. Complaints may be written or oral and initiated by an identifiable source who is a representative of an accredited program or a program under accreditation review. Anonymous complaints will be considered only if there is the suspicion of illegal activity.

Oral complaints will be routed to the CRP Chair or other designated member of the CRP, who will attempt to obtain the following: 1) name, email, telephone number, and address of the person calling; 2) name and location of the concerned program; 3) caller's status with the program; 4) as appropriate, in addition to the Commission, the names of representatives of the Accreditation Commission whom are involved in the complaint; 5) details of the complaint; and 6) what was done to resolve the complaint prior to calling. This information will be logged and dated. The complainant will be directed to furnish a written complaint within ten (10) days and will be informed that failure to do so may result in the determination that the complaint is not actionable and, therefore, will not be processed further. A verbal complaint may be processed without subsequent written notification if it is determined to be one with urgency, as defined below, upon conferral with the CRP Chair. Anonymity will be honored for callers who do not wish to be identified; however, they must still furnish a complaint in writing per the above policy.

Complaints received in writing will be date stamped and routed to the CRP Chair for an initial determination of both relevance to the Accreditation Commission's adherence to its accreditation standards, and/or accreditation policies and procedures and may subsequently be reviewed with the CRP for further consideration.

Anonymous complaints will be processed per the policy and procedures outlined herein, and specific requests for anonymity by an identifiable source will be honored by all reasonable means. Complaints submitted anonymously must include substantive representation of all allegations relating to the Accreditation Commission's adherence to its accreditation policies and procedures; otherwise, such complaints lacking sufficient detail may lead to a preliminary determination by the CRP Chair that the complaint be dismissed. In such cases, a copy of the complaint will be forwarded to the Accreditation Commission along with a letter of notification indicating that the complaint was determined to be without merit. Information received by the Accreditation Commission not as a complaint, but which indicates that an accredited program may be in violation of Accreditation Commission standards, policies, or procedures, will require the Accreditation Commission to initiate a formal investigation based on that information. Such complaints will be processed per this policy.

9.7.3 Actions upon receiving a complaint

9.7.3.1 Initial determinations about a complaint: *Upon receipt of a complaint, the Chair of the Complaint Review Panel (CRP) will first determine if the matter involves the Accreditation Commission's adherence to accreditation policies and procedures. If it does not, a written report will be made of such decision and the matter closed. The complainant(s) and the Accreditation Commission will be notified accordingly.*

A further consideration in determining whether to process a complaint is the length of time since the incident alleged in the complaint occurred. Unless there are extenuating circumstances, a complaint regarding an incident that occurred more than six months prior to the date of the complaint will not be processed. If the complaint relates to the Accreditation Commission's adherence to its accreditation policies and procedures, it will be determined to be a complaint with urgency or a complaint without urgency. A complaint will be deemed one with urgency if upon an initial review:

- *The basis of the complaint appears to be well founded;*
- *The seriousness of the issues, degree of potential or actual harm, the number of individuals impacted, and/or the time-sensitivity of the allegations warrant an expedited resolution of the complaint.*

9.7.3.2 Complaints without urgency: *Unless there are mitigating circumstances, complaints without urgency will be processed within the time frames identified below:*

1. *Within seven (7) calendar days of receipt of the complaint letter, the CRP will provide written notification to the Chair of the Accreditation Commission summarizing the allegations contained therein as related to the Accreditation Commission's adherence to specific accreditation policies or procedures. A copy of the complaint letter will be included in the notification unless the complainant specifically requests anonymity.*

The notification letter will direct the Accreditation Commission to submit a written response addressing the allegations and, if appropriate, demonstrating its efforts to resolve the complaint. Any written notice from the CRP to the Accreditation Commission will be made by email or by other means from which the exact date of delivery can be proved. The Commission's response will be due within ten (10) calendar days from the date the program receives official notification from the CRP.

2. *The CRP will review the Accreditation Commission's response to determine that:*
 - a. *The complaint was resolved by the Commission, and the complaint will be closed in accordance with the policy described below;*
 - b. *The complaint is being resolved by the Commission, in which case the matter will be regularly monitored by the CRP to its conclusion;*
 - c. *Additional specific action or information is required from the Accreditation Commission, in which case the CRP will so notify the Accreditation Commission and continue to monitor to conclusion;*
 - d. *The matter is of sufficient seriousness to require processing as a complaint with urgency.*
3. *If the Accreditation Commission fails to respond as directed, the complaint may be treated as one with urgency and processed accordingly.*

4. *Any complaint under this procedure not resolved within 90 days from its receipt by Consortium may be deemed a complaint with urgency and processed accordingly.*

9.7.3.3. Complaints with urgency:

1. *If, upon conferral with the Chair of the CRP, a complaint is deemed to be one with urgency, the processing of the complaint will be expedited.*
2. *Additional action may be required, in which case the CRP Chair, or designee, will confer with the CRP to determine appropriate action, which may include:*
 - a. *Further reducing the notice and response periods and proceeding as in other cases;*
 - b. *Issuing a letter requiring specific action, the necessary documentation, and the timeframe meeting the mandates; and/or*
 - c. *Presenting the matter to the full Consortium Board of Directors for review and action as it directs. Any complaint with urgency remaining unresolved 60 days after receipt by the Consortium may be referred to the Board.*

In cases involving paragraphs (b) or (c) above, or where the Commission has not demonstrated substantial progress leading to closure and/or resolution, the complaint will be forwarded to the Board of Directors at its next regularly scheduled meeting for further review and action.

10.0 Miscellaneous Policies

10.1 Information to be provided to the US Department of Education

The Accreditation Commission will provide the US Department of Education:

- *A copy of any annual report that it prepares;*
- *A copy updated annually of the directory of accredited programs;*
- *A summary of the major accrediting activities during the previous year (a data summary), if requested;*
- *Notice of any proposed changes in the Commission's accreditation policies and procedures or accreditation standards that might alter its scope of recognition or its compliance with the criteria for recognition;*
- *Notice of an expansions of scope to include distance education or correspondence education;*

APPENDIX A: History of Revisions of Policies

Policy	Approved	Revised
Accreditation Policies and Procedures Manual	February 2016	June 2019 November 2019 January 2023 December 2024 January 2025
Appeals Policy	February 2016	August 2017 November 2018 June 2019 January 2023
Consortium Bylaws	October 2016	August 2018 May 2019 October 2019 December 2022 December 2024
Complaints Policy	March 2016	August 2019
Conflict of Interest Policy and Procedure: Participating in Accreditation Review Process	February 2016	June 2019 November 2019
Consortium Accreditation Commission: Annual Conflict of Interest Statement	February 2016	January 2023
Accreditation Commission Rules of Governance and Integrity of Accreditation Activities	April 2019	June 2019 November 2019 January 2023 December 2024
Website Privacy Policy	August 2016	January 2023

*Policies are considered to be effective the first day of the following month.

APPENDIX B: Accreditation Commission Rules of Governance and Integrity of Accreditation Activities

1.1 Purpose

The Accreditation Commission of the Consortium for Advanced Practice Providers (“The Consortium”) serves as the accrediting body for the Consortium. The Commission’s sole role and responsibility is to provide accreditation to eligible programs that meet the accreditation standards.

The purpose of this document is to be transparent about the appointment, composition, and governance of the Accreditation Commission of the Consortium for Advanced Practice Providers (“The Consortium”). The Accreditation Commission functions independently of the Consortium’s Board of Directors with regard to accreditation activities and decisions. However, the Accreditation Commission keeps the Consortium’s Board of Directors fully informed on all such matters in an upcoming Board meeting.

1.2 Governance

The Consortium for Advanced Practice Providers is a 501(c)(3) nonprofit organization that provides programmatic accreditation to NP, PA and NP/PA postgraduate training programs; promotes excellence in such training by providing a model of high performance, rigorous training based on our accreditation standards, and supports related education and advocacy efforts. Accreditation is a voluntary activity that such postgraduate training programs opt to pursue. The Consortium’s Board of Directors (“Board”) consists of representatives of various stakeholder groups, including recognized leaders in healthcare, professionals from other nonprofit organizations, members of the public whose expertise is relevant to good practice in the nonprofit sector, employers, educators, and healthcare practitioners and individuals with experience as postgraduate residency program directors. Board members serve a three-year, renewable terms. The Board conducts quarterly meetings, an annual meeting, and special meetings as necessary. There are three standing Board committees: the Executive Committee, the Finance Committee and the Membership Committee. Ad hoc committees are appointed as needed.

These Rules pertain only to the Accreditation Commission and accreditation reviews.

1.3 Accreditation Commission

Composition: The Accreditation Commission is a division of the Consortium and consists of (A) no more than four members of the Board, including the Executive Director, who are non-voting members with ex officio appointments who are limited to participating in

discussions, (B) at least one program director from an accredited or pre-accredited programs, (C) at least one educator, (D) at least one public member, (E) at least one practitioner, and (F) and additional members as deemed necessary who can provide needed expertise to the review process. The Consortium's goal is to ensure that Accreditation Commission members include leaders in the field of related postgraduate NP, PA and NP/PA training and accreditation professionals whenever possible.

Appointment to the Accreditation Commission: The Consortium Board members and the Executive Director who serve on the Accreditation Commission are appointed by the Consortium's Board of Directors. All other Accreditation Commission members are selected by the Accreditation Commission. The appointment to the Commission is for a term of three years, renewable for additional three-year terms. If an Accreditation Commission member cannot complete his/her term, a new Accreditation Commission member is appointed by the original appointing authority to serve out the remainder of the term. After completing that term, the replacement Accreditation Commission member is then eligible for full three-year terms. The voting members of the Commission may vote to remove a member before his or her term is completed. The Accreditation Commission Chair and Vice Chair are elected by a majority of the voting Accreditation Commission members.

One of the core tenets of accreditation integrity is the autonomous functioning of the accreditation activities, including the management and elimination of potential bias that results from undue influence, whether intentional or unintentional. The Consortium's accrediting function is separate from and independent of any affiliated, associated, or related trade association.

Chair and Vice Chair of the Accreditation Commission: The Accreditation Commission will have a Chair and Vice Chair. The Chair will preside over meetings and set the agenda in consultation with the Executive Director. The Vice Chair will assume the duties of the Chair in the Chair's absence. They will be elected by the Commission and will serve two-year terms, with biannual elections.

1.4 Independence of Accreditation Commission

While the Accreditation Commission is a division of the Consortium, it acts independently of the Board with respect to accreditation decisions, including the creation of policies and procedures related to accreditation decisions and the use of funds necessary to carry out its accreditation functions subject only to Board policies regarding reasonable expenses and expense reimbursement related to accreditation activities to avoid unnecessary spending. Specifically, the Accreditation Commission is responsible for a.) developing, monitoring, and maintaining Consortium's accreditation standards; b.) reviewing and investigating all applications for accreditation and pre-

accreditation; c.) making decisions with respect to the granting, denial, or revocation of such accreditations; d.) developing and adopting its own policies and procedures related to accreditation decisions; e.) determining reasonable budgetary requirements for carrying out its accreditation functions; and f.) working with the Board to develop an accreditation fee structure to ensure that the Board is able to provide sufficient funding to carry out accreditation functions.

The Accreditation Commission will inform the Board of all accreditation decisions, substantive changes to the policies and procedures, and management of the accreditation budget as detailed in (a) through (f) above. The Board will have no authority to review or change the Accreditation Commission's actions including but not limited to accreditation review processes, accreditation decisions, policy development, accreditation budget management, and the selection of voting Commission members.

As a programmatic accreditor that is not a Title IV gatekeeper, The Consortium is not subject to the US Department of Education's separate and independent requirements specified in 34 C.F.R. §602.14(a)(3). However, the Accreditation Commission desires to implement best practices regarding separate and independent functioning to the extent practical.

Therefore, the Accreditation Commission will be the entity that is recognized for decision-making authority by the U.S. Department of Education.

1.5 Integrity of Accreditation Activities

The Accreditation Commission is responsible for developing, monitoring, and maintaining the accreditation standards, and for the adoption or amendment of such standards. In addition, the Accreditation Commission shall review and investigate all applications for accreditation and shall make all accreditation decisions, informing the Board as soon as practicable of the granting, deferral, denial, revocation or appeal of such accreditations.

The Accreditation Commission is responsible for assuring the public that accreditation actions follow fair procedures and comply with the Accreditation Commission's standards.

The Accreditation Commission has final decision-making authority for all accreditation actions.

1.6 The integrity of the Consortium's accreditation review process

The accreditation review process relies on the unbiased and meaningful peer review of postgraduate training programs applying for accreditation, which in turn is dependent upon the operational structure and functioning of the Accreditation Commission. The

Accreditation Commission's accreditation review process is rigorous and standardized and accommodates the unique aspects of each program. The Accreditation Commission conducts their business in accordance with the Accreditation Commission's policies and procedures and the United States Department of Education's (ED) requirements for recognition.

Conflict of Interest: The Accreditation Commission's Conflict of Interest Policy, Conflict of Interest form (COI) and COI management procedures are in place to assure that objective, independent decisions are rendered. All individuals involved in Accreditation review activities, including Accreditation Commission members, site visitors and content experts, are required to complete current conflict of interest forms and to sign statements of agreement with conflict of interest policy and procedures on an annual basis. As such, when a program(s) is under review, and an Accreditation Commission member has a real or apparent conflict of interest with that program, as defined in the COI Policy, the Accreditation Commission member will inform the Chair of the Accreditation Commission and the Executive Director. In accordance with the COI policy, the Chair of the Accreditation Commission and the Executive Director will review the situation and determine if a conflict of interest or the appearance of conflict of interest does in fact exist. If a conflict of interest as defined in the COI policy and a reasonable management plan to address the conflict cannot be developed in accordance with the COI policy, then the member will be informed and shall recuse him or herself from all deliberations regarding that program. To preserve the unimpaired functioning of the Accreditation Commission, another member of the Accreditation Commission will be designated to fulfill the first members' functional responsibilities as they pertain to the specific program's accreditation review. The Chair of the Accreditation Commission will make the functional reassignment. The reassignment will be limited in scope to the specific Accreditation Commission activities required to complete the review of the program in question. In the event that it is the Accreditation Chair has the conflict, the duties of the Accreditation Commission Chair will be assumed by the Vice Chair.

Decision-making: Assuring Consistency and Integrity: To ensure that decisions are based solely on the accreditation standards and are consistent (i.e.: reliable and valid), every three to five years evaluation of the Accreditation Commission's decision-making and manner of functioning shall occur. The evaluation will be conducted by members of the Accreditation Commission and one or more external representatives of the professional accreditation community. The periodic self-evaluations of the accreditation process shall incorporate input from accredited programs. The evaluation will be conducted in accordance with the best practice guidelines for programmatic accreditation from the Association of Specialized and Professional Accreditors (www.ASPA-usa.org.) A formal evaluation report will be shared with the Accreditation Commission and the Accreditation Commission will consider the findings and take action as appropriate.

Amendment of These Rules: These Rules may be amended by a simple majority of all voting members of the Accreditation Commission. The Board shall have no influence over the amendment of these Rules as they relate to the Accreditation Commission's independence as detailed in the section above entitled Independence of Accreditation Commission.

APPENDIX C: Guidelines for Publicizing Accreditation

Congratulations on achieving accreditation by the Consortium. One of the benefits of accreditation is the use of the Consortium seal of accreditation in your sponsoring organization's marketing materials and communications. The following guidelines have been developed to help your sponsoring organization appropriately announce its accreditation from the Consortium.

The Consortium requires that an accredited program or sponsoring organization accurately describe the nature and meaning of its accreditation. Any program or sponsoring organization that materially misleads the public about any matter relating to its accreditation may have to undertake appropriate corrective advertising or risk loss of accreditation.

- *Any reference to accreditation must clearly specify which programs are accredited.*
- *Accurately state the accreditation received from the Consortium.*
- *Your organization may publicize its accreditation decision after the decision is posted to the secure Consortium accreditation status site. If you are unsure about the status of a decision, contact info@APPpostgradtraining.com.*

1.7 Use of Consortium Program Seal

The Consortium accreditation seal is recognizable as the exclusive designation of Consortium accreditation. The Consortium encourages all sponsoring organizations that have achieved accreditation to display their seal(s) in marketing and advertising material. The information below will help you locate and download the accreditation seal from the Consortium's web site and provides instructions on the appropriate use of the seal.

The Consortium postgraduate training accreditation process has an individual and unique seal. Only programs that have received notification from the Consortium that they are accredited can display and use seal for marketing and advertising purposes.

You can access the program seal on the secure, web-based Consortium Box account. The seal is available in EPS and JPG formats.

The seal must not be manipulated in any way, shape or form. The seal may be printed in full color or grayscale format. The overall depiction of the seal should be consistent with Consortium's graphical image.

Sponsoring organizations with all programs achieving the same level of status may display the seal as it is. However, sponsoring organizations **must** write the program

name(s) underneath/beside the seal, or clearly indicate in the text of the ad if other programs did not receive the same level of status. You are welcome to provide a link to Consortium's web site on your program website.

Please use: www.APPpostgradtraining.com.